C-5/4 70 00501 BALTIMORE CITY HEALTH DEPARTMENT 70 00;	504
BIRTH NO. 70-00/38 CERTIFICATE OF DEATH	JUL (
1. NAME OF DECEASED (Type or Print) BABY GIRL CAMPBELL 118" 13/70	, 57
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence	peloro odmiss
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET A. STATE B. COUNTY ADDRESS OR LOCATION) INSTITUTION A. STATE B. COUNTY A. STATE C. CITY OR TOWN D. INSIDE CITY LIMITS?	07
	οΠ
E. STREET AND NUMBER 2613 Miles Are -	
WIDOWED DIVORCED 1/2/78 last birthdoy Months Doys	Under 24
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF W	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	
(Tes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	5
NO NO NONE Charl	
APPROXI	MATE INTERV
DISEASE OR CONDITION DIRECTLY	1 bors
Time does not meen the mode of dying, e.g.,	2 6013
heart foilure, asthenia, etc. It means the disease, injury ar complication which caused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, il any, giving rise lo the above couse (A) stating the	************
UNDERLYING CONDITION lost. (C)	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
▼ IDISEASE OR CONDITION GIVEN IN PART 1 (A)	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?	RED
1 21A A CCIOENT WAS INDESCRIBED AND THE STATE OF BEALTH	0-
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 2/C. WHERE DID home, form, loctory, sheet, office bldg., [NJURY OCCUR?]	tion)
Death (nonty medical examine)	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At Not While At Work	
20 1 10 1 10 10 10 10 10 10 10 10 10 10 1	
11 . (1) () 1	19
that (i) (we) last saw the deceased alive an	d an the
and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death.	
23A. SIGNATURE 23B. DATE SIGNED	
Attending Med. Staff 1/3/7	
23C. PHYSICIAN'S	2
NAME (Type)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town company)	
REMOVAL (Specily) 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION 10 10 10 10 10 10 10 10 10 10 10 10 10	
11-17-7011 HIRINA INHIBITION DILLOTONIC	(Stote
JUILLO HILL	(Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRE ADDRE	A.e



BII	7-40 RTH NO.	00	70 DE MED	1502 ICAL	EXA	MINER'S				DEA	TH REG. NO.	70	005	02
1.	NAME OF DE	CEASED		TA	YLOR		2. DATE		Known 🔯	Month	Day	Yeo	r Hour	
(1)	pe or Print)	Į.	Voodrow	:C:	reage	r	DEATH	ł	Estimated					M.
4.	PLACE IN BA						3. DATE	10114	CED DEAD	Month	Doy	Yeo	r Hou	
F U	ERT	II EN	OT IN HOSPITAL	L OR LASTI	TUTION,	DATE NO	PRON	IOUN	ICED DEAD	1	1	70) ' 5	5:50 PM
OR	INSTITUTION					3-23-70			IDENCE (Wher	e deceased	lived, if institution	n: resider	ce before	odmission)
-	70	Church	n Home a	and Ho	ospit		A. STATE	9	Marylan	nd	B. COUNTY	0	4 - 1	01
6.	SEX	7. RACE				EVER MARRIED	C. CITY	OR T	NWC		D. INSIDE C	ITY LIMIT	\$?	
	male	whit	te	WIDOW	ED	DIVORCED		1	Baltime	ore	Y	ES 🗌	NO [
9. [DATE OF BIRT	H	10. AGE (In lost birthdoy	yeors 50		Yr. if Under 24 Hr Doys Haurs Mi		TAN	D NUMBER Edison	Untol	North	Com	C1	
11.	BIRTHPLACE (State ar fore	ign country)	i	2. CITIZ WHA	EN OF COUNTRY?	13. FATH	ER'S		nonei	, Marcus	I var V	<u> Tribb</u>	
14A don	.USUAL OCCU	PATION (Gi warking life, e	ven if retired)	4B. KIND	OF BUSI	NESS OR INDUST	RY 15. MOT	HER'S	MAIDEN NA	ME				
	WAS DECEAS s, no or unknown					SOCIAL SECURITY NO.	18. INFO	RMA	NT		A	DDRESS		
	(This does r	LEADING T	DITION DIRECTO DEATH mode of dylections the	ng, e.g.,		(A)IMMEDIAT	oscler			ovascu	lar dise			ATE INTERVAL VSET AND DEATH
NO	DISEASES RISE TO TH	NTECEDEN'	TONS, IF ANY,	GIVING		(B)	R AS A CON	SEQU	ENCE OF:					
CERTIFICATION	TO THE DE	ATH BUT NO	II ONDITIONS CO OT RELATED TO T N GIVEN IN PA	HE TERMI	NG NAL									
					OR WHI	CH OPERATION	WAS PERFO	RMED				21. At		(Yes or No)
EDICAL	22A. EXTER UNDERLYING UTING CA		VTRIB-	2 h	28. PLAC	E OF INJURY(e., n, foctory, street, of	in or obou fice bldg., etc.) 22C	WHERE DID URY OCCUR?	(li in Boltim	ore City, give ex	oct locatio	en)	
Σ			(Doy) (Yeor)) 22E.JN WHILE WORK		OT WHILE WORK	22F	HOW DID IN	JURY OC	UR?			
			held an In	_	-		utapsy 🗌		ond that on t	his basis	, death In my	apinlar	1	
	resul	ted from:	Notural caus	es X	Accid	ent Sulc	ilde 🗌		Icide []		Ined manner			
	ACTUAL	URE 11L	lyns	4	7/1	SN	i.D.	SIST	ANT MEDICAL	EXAMINER			DATE	SIGNED
	EXAMIN NAME (Werne	r II.	Spit	z, M.D.	Deputy	6	aje Medical i	ical I	Examiner		1/2	/70
	A. BURIAL CRE MOVAL (Spec	MATION,	24B. DATE	78		AME of CEMERE	VATOM	MON	BOAR	POCYTO	MARY	AN	90	(State)
25.	A. DATE REC'D	BY HEALTH	DEPT.	25B. NA	AME OF	REGISTRAR	VIVIE C	Vel	NERAL DIRECT	OR A	SCHO	DOFESS		

Letter from M.E.'s office 3-23-70 M.H.

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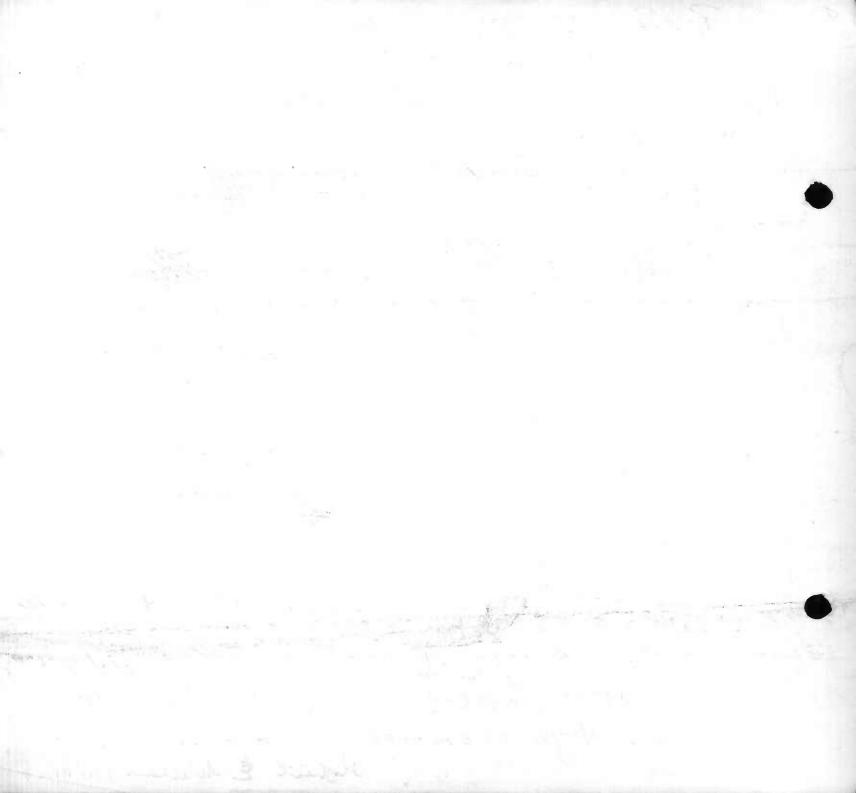
BIRTH NC I. NAME OF DEC

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 70 0503 EASED ONALD ASPER 2. DATE Known Month Doy Yeor Hour OF DEATH Estimoled January 9, 1970 IMMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE PRONOUNCED DEAD TONION 10 10 10 10 10 10 10 10 10 10 10 10 10			
ONALD		OF _	100
	IND, WHERE PRONOUNCED DEAD IOSPITAL OR INSTITUTION, GIVE STREET R LOCATION)		Month Day Yeor Hour January 9, 1970 1:05 P
	Hospital (DOA)	5. USUAL RESIDENCE (Where A. STATE Maryland	deceased lived. If Institution: residence before admission. B. COUNTY
7. RACE White	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN Baltimore	D. INSIDE CITY LIMITS? YES NO NO

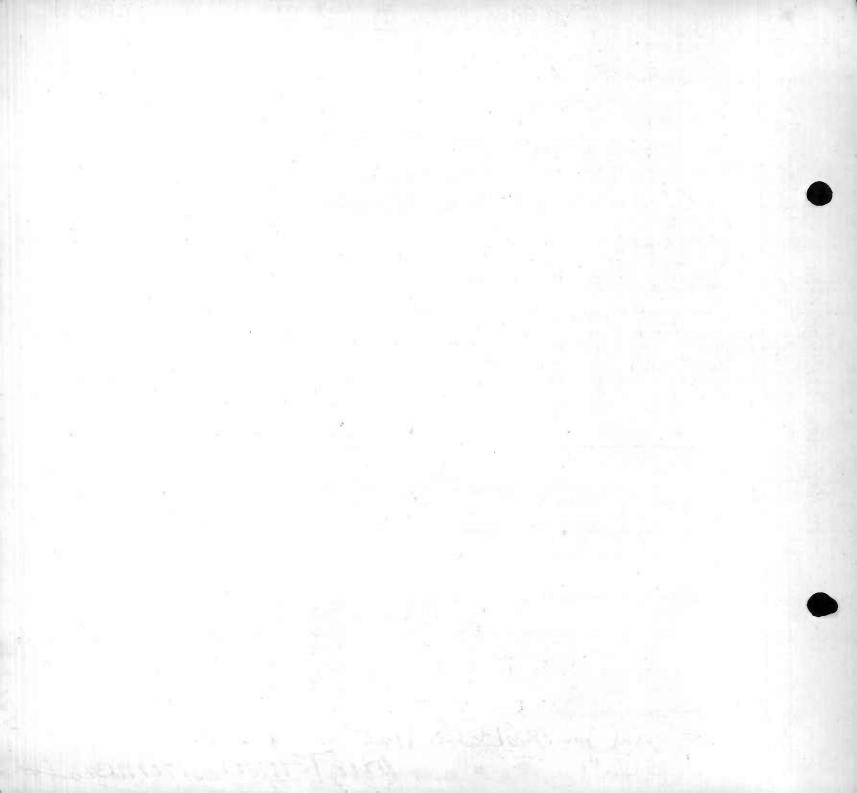
(Type or Print) 4. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION Marylar 6. SEX Male 10. AGE (In years last birthday) 9. DATE OF BIRTH If Under 1 Yr, If Under 24 Hrs. Honths, Days, Haurs | Min. 48 1423 Johns St. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of warking life, even il retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS (Yes, no ar unknown) (If yes, give wor or dotes of service) CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Focal interstitial myocardial LEADING TO DEATH fibrosis (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. it means the disease, injury ar complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)_ CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or Na) EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g., in or about 22C. WHERE DID (if in Baltimore City, give exact lacotion) hame, farm, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. OF INJURY (Manth) (Year) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23. I certify that I held an Inquiry Inspection Autopsy XX and that an this basis, death in my apinian resulted fram: Natural causes 🔀 Accident Sulcide Hamicide ___ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** 1-10-70 ASSOCIATE MEDICAL EXAMINER NAME (Type) Charles S. Springate, M.D. 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETE DU MAD LOCATION IN CHANGE TOURS REMOVAL (Specify) (Stote) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS

VS 151-REV. 3/1/68

A GARDEN Y BOXE



2 1-	4 710	00000	BALTIMORE CITY	HEALTH DEPARTMENT	sed ist	70 00505
2-19-	2 10	00505	CERTIFICA	TE OF DEATH	REG. NO	70 7000
BIRTH NO.	ED .			2. DATE	AND HOUR OF DEATH	
Type or Print)	Spencer,	Reuben			-13-70.	18:24 AN
3. PLACE IN BALTIM	ORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If in	stitution; residence before admission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		701
HOSPITAL OR	ADDRESS OR LOC.	ATION)	28-	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
22	The same	y	1	Baltimore		YES NO
The Jo	ohns Hopk	ins Ho	spital	E. STREET AND NUMBER	nwood Avenu	ne 21205
. SEX 6.1	RACE	7		B. DATE OF BIRTH	9. AGE (In years	
Male	Negro		NEVER MARRIED	12/16/93	lost birthdoy) 76	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		WIDOWED		11. BIRTHPLACE (State or fo		12, CITIZEN OF WHAT COUNTRY
one during most of work				(3)010 01 10	neigh county,	TE CHIEF OF WHAT COUNTRY
3. FATHER'S NAME	300			14. MOTHER'S MAIDEN N	AAAE	
	rry Spenc	or		WOINER'S MAIDEN N	PINE	
	er in U. S. Armed For		11 4 50 5141	17. INFORMANT		ADDRESS
(es, no or unknown)	yes, give wor or dote	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
					Section 1	
18. 1991)		CAUSE OF DEAT	н		BETWEEN ONSET AND DEATH
	OR CONDITION DI	RECTLY	Re	spiratory	Draullines	are.
	ADING TO DEATH meon the made af	dvina aa	(A) IMMEDIATE CAL	ISE S		30 mins
heart failure, ast	henio, etc. II means	the disease,		A CONSEQUENCE OF:		
	calian which caused				- 0 0	
	TECEDENT CAUSES		(B) Posa	blo Pulmor	rain Embed	lus 30 mins
	CONDITIONS, if above couse (A)			A CONSEQUENCE OF:	,	20
	ONDITION last.	sioning me	(c) Melas	talic Ado	rocalcina	ma Months
	II					
OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING				
I DISEASE OR CON	UT NOT RELATED TO T	RT 1 (A).				
19A. DATE OF OP	PERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
11-12-70 21A. ACCIDENT		notale				
OR CONTRIBUTION	WAS UNDERLYING	hon	ne, form, foctory, street, of	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(tf in Boltimor	e City, give exect location)
DEATH (notify me		etc.				
A OF INTITION	lonth) (Doy) (Year)		. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(APPROX.)		Wh	nite At Not While	e 🔲		
22. I certify the	ot (1) (this hospito	l) ottended t	he deceased from	1-8	19 70 to 1	-/3- 19.70
	st saw the decease		1-13	19. 70 · ond		nion deoth occurred on the dot
			1) (Wa) (did) (diduca)	lew the body after death		mon death decorred on the dat
23A. SIGNATURE	um the couses sto	red 000ve. (1) ("e) (did) (010-101) V	iew the body difer deoir	10	23B, DATE SIGNED
572	000	500.	M Atte	nding Med.	Staff 7	1-13-70
23C BHYSICTANES	rate		DEUKEL	s. Director L	Phys.	110-10
23C. PHYSICIAN'S NAME (Type)	Danald C	T-11-4			onleine II	
	Ronald C.	Elkin	GEGREE	The Johns H		
REMOVAL (Spec	TION, 248. DATE	24C. N	AME OL DEMETERY OF CRE	MATORY 24D.	LOCATION	ty, town, or county) (State)
Buria	Van/	9-7013	allo, ma	Gond 1	altom	6
SA. DATE REC'D BY	HEALTH DEPT.	25B. NAME	OF REGISTRAR	250 FUNERAL DIRECT	OR	ADDRESS
JAN 16 19	TO COOLE E	Valore	18. By Ca 11	Then tella	aliam 17	DINBILL
		1 1			7	114-0766



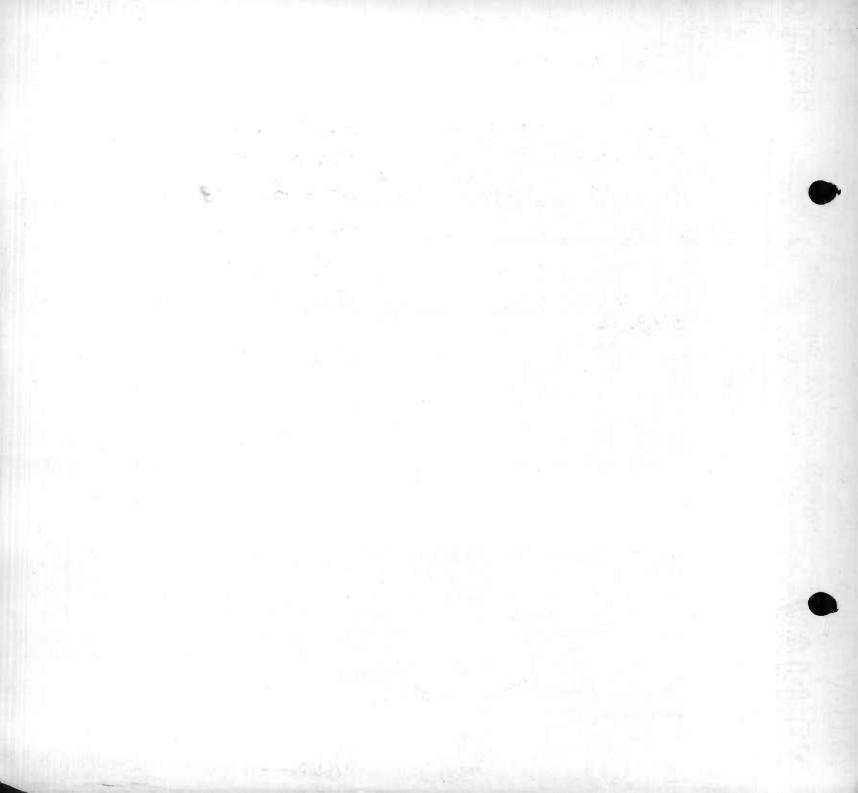
70 00506 CEPTIFIC	ATE OF DEATH REG. NO.	70 00506
I.NAME OF DECEASED		
(Type or Print) FARLEY, GEORGE A.	2. DATE AND HOUR OF DEA	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived 1	1970 5:50 PN
	A. STATE B. COUNTY	F 200
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN Balto. CO.	5300
ST.AGNES HOSPITAL		NSIDE CITY LIMITS?
WILKENS & CATON AVENUE	BALTIMORF E. STREET AND NUMBER	YES NO X
BALTIMORE 21229, MD.	6601 FREDERICK AVE	MIE
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In vegts	1 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MALE WHITE WIDOWED DIVORCED	lost birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired)	the state of foreign coontry:	· ·
FUNERAL DIRECTOR FUNERAL HOME	MARYLAND	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
GEORGE FARLEY	MARY (MCMAHON) FARLE	Y
15. Was Deceased Ever In U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
4/ =	ST. AGNES HOSPITAL WI	LTO. MD. 21229
219328811 18.		LKENS & CATON AVE
DISEASE OF CONDITION DIRECTLY	n	BETWEEN ONSET AND DEATH
LEADING TO DEATH	- 1.1.5	the
This does not meen the mode of dying, e.g., (A) IMMEDIATE CA	AUSE S A CONSEQUENCE OF:	17v).
heart tailure, asthenia, etc. It means the disease, injury ar complication which coused death.)	A CONSEQUENCE OF:	
ANTECEDENT CAUSES	19 2 C N 1)	Very.
	S A CONSEQUENCE OF:	//
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A sister to the above cause (A) stating the	S A CONSEQUENCE OF:	
UNDERLYING CONDITION last. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ITO THE DEATH BUT NOT RELATED TO THE TERMINAL		1
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING 1 1218. PLACE OF INJURY (S.C.)	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTION OF	In or about 21 C. WHERE DID (II in Bollin office bldg., INJURY OCCUR?	nore City, give exact location)
U DEATH (notify medical examiner) etc.)		
21D.TIME (Month! (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not Whok Work At Work	ile 🗍	
Work At Work		MILADY DI
	The A	
that (i) (we) last saw the deceased alive an JANUARY 12		pinian death accurred an the date
and have and from the causes stated above. (1) (We) (did) (did nat)	view the bady after death.	
23A. SIGNATURE		23 B. DATE SIGNED
DEGREE PH	hending Med. Staff ys. Director Phys	1/14/19/0
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	2 84 444 - 2
HONAN M. JONMEZ	1011 Frederick Rd. 1	Jav. M. 2/218
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C		(City, town, or county) (State)
REMOVAL (Specify)	a state of the	Tre
Burial 1-19-70 Calkedral	emura Julian	me Ira.
JAN 16 1970 258, NAME OF REGISTRAR	2SC, FUNERAL DIRECTOR	ADDRESS
JAN 16 1970 1 2 5 E. The Ben (21, 2)	Of alley Commency of	TH alorande Mix

BALTIMORE CITY HEALTH DEPARTMENT

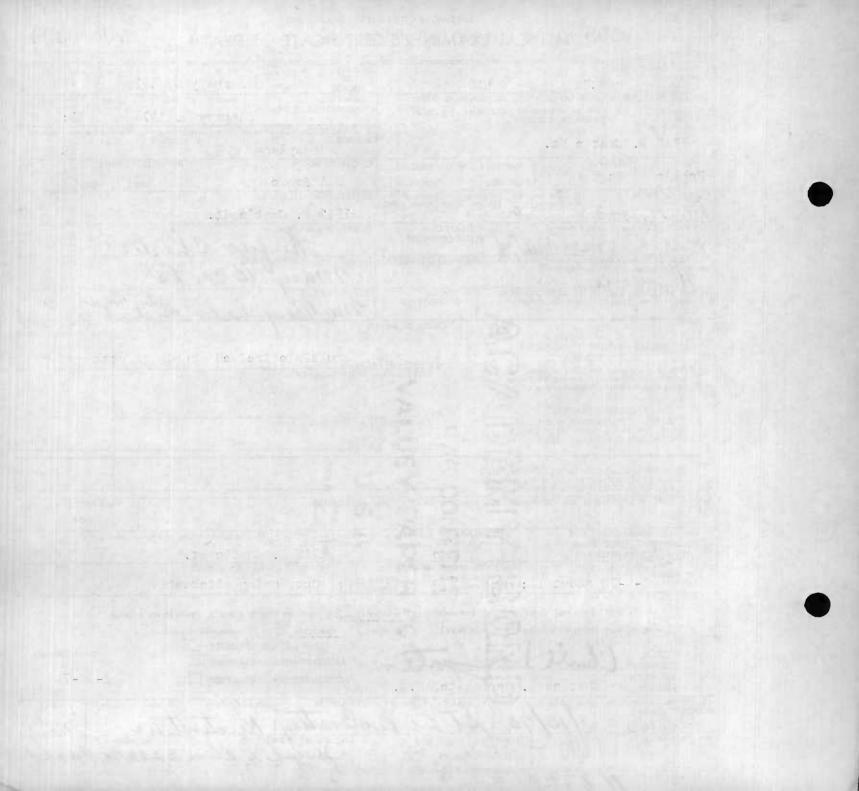
70 00507 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 00507
I. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day Year Hour
LORENZO CRAWFORD	OF DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD January 14, 1970 1:45 A. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
3 4 BON SECOURS HOSPITAL	A. STATE Maryland B. COUNTY /6 03
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED ☐ DIVORCED ☐	Baltimore YES ⋈ NO □
9. DATE OF BIRTH 2-12-1929 10. AGE (in years If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.	E. STREET AND NUMBER 1616 W. Franklin Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore, Maryland WHAT SOUNTRY?	Unk.
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired) Disable	13. MOTHER'S MAIDEN NAME Addie Crawford
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS
(Yes, no ar unknown) (if yes, give war ar dotes of service) SECURITY NO. 217-24-2805	Mr. Alfred Robinson 1616 W. Franklin Street
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
9 /1.8	ntestinal Hemorrhage
LEADING TO DEATH	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	AUSE AS A CONSEQUENCE OF:
injury or camplication which caused death.)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	Metamorphosis of Liver as a consequence of:
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes (Partial)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (22E INLIER OF CHERES.	in ar obout 22C. WHERE DID (If in Boltimore City, give exact location) bldg., etc.) INJURY OCCUR?
	22F. HOW DID INJURY OCCUR?
m. WORK LATW	WHILE ORK
23. I certify that I held on Inquiry Inspection PAG	
resulted from: Netural causes 🗵 Accident 🗌 Suicident	
	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE MUCH MICHAEL	ASSISTANT MEDICAL EXAMINED TO DATE SIGNED
SIGNATURE MAD	ASSOCIATE MEDICAL EXAMINER 1/14/70
NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINARY
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 1-16-70 Mount Aubur	n Cemetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
IAN 16 1970 R. L. B. E. Jaben M.D.	MORTON & DYETT F.H. 1701 Laurens Street
1HIV 10 13/10 100 C, 1000 C, 11.0	

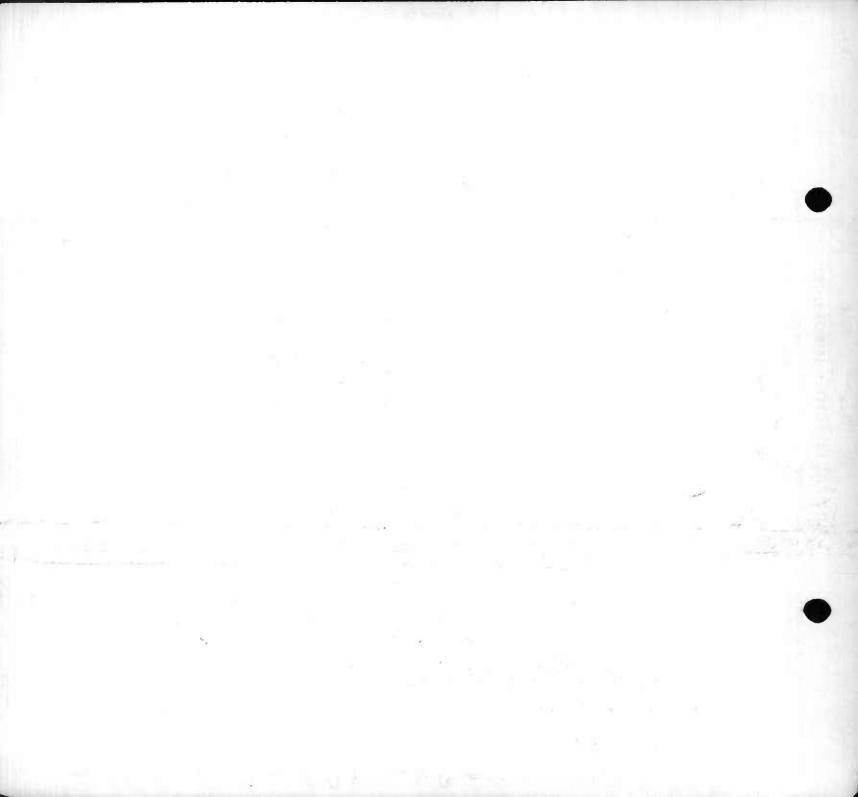
n'c. 77717 =1 The second of the second of the second of the second רע בין די בי STORES IN THE MENT OF THE SERVICE

BALTIMORE CITY HEALTH DEPARTMENT



1	BALTIMORE CITY HEALTH DEPARTMENT
111-200	70 00509 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 70 00509
	I. NAME OF DECEASED (Type or Print) FRANCIS MACK 2. DATE Known XX Month Doy Year Hour OF DEATH Estimated January 9, 1970 M.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day Year Hour FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD 10.40 P.
	OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? Female Negro
	9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Inst birthday)
	Nec 19, 1943. 20 1712 N. Castle St. 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY?
	14A.USUAL OCCUPATION (Give kind al work) 4B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during mast of working life, even if retired)
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. 18. INFORMANT SECURITY NO.
	19. CAUSE OF DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart latiture, asthenia, etc., it means the disease, heart latiture, asthenia, etc., it means the disease,
	ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT BELATED TO THE TENANAL
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.)
	Yes Ves Ves Ves Ves Ves Ves Ves
	UTING CAUSE OF DEATH. Home 1712 N. Castle St. 22D. TIME (Monih) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 1-9-70 about 11:00A WHILE AT D. NOT WHILE D. Cut during alternation
	23.
	resulted from: Natural causes Accident Suicide Homicide W Undetermined manner
	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSI
	EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER 1-10-70 24A. BURIAL CREMATION, 24B. DATE
	Bureal 1/13/70 St. Lukes Cemetery Keysterstown md.
	JAN 16 1970 Page E. Falley, M.D. Justoh L. Aless 2222 W. nant an
	VS 151-REV 3/1/68





contributing

BIRTH NO. 70 00	511 CERTIFICA	TE OF DEATH	REG. NO.	n inorr
1. NAME OF DECEASED (Type or Print)	ENDERSON, JAMES	2. DATE AND	HOUR OF DEATH	2.15
3. PLACE IN BALTIMORE, MARYLAND, WHERE I		4. USUAL RESIDENCE (Where	deceased lived. If institution	3:15 a _{M.}
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND c. CITY OR TOWN	BALTIMOR	1000
33 THE JOHNS HOPI	KINS HOSPITAL	BALTIMORE E. STREET AND NUMBER 2700 W. MOS	YES SHER STREET	X∑ NO □
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIE	8. DATE OF BIRTH 19.	AGE (la vecte	Juder 1 Yr. , If Under 24 Hrs.
MALE NEGRO WIDE	OWED DIVORCED	9-7-20	st birthday) Mor	nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. Kind one during most of working life, even if refired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	AROLINA 12	CITIZEN OF WHAT COUNTRY?
JAMES HENDERSOI		JULIA		
15. Was Decased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give war or dates of se	rvice) 1 6. SOCIAL SECURITY NO.	Julia BURRELL	2700 MOS	ADDRESS Ker 5/
DISEASE OF CONDITION DIRECTLY		GRAM NEGATIV		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
(This does not mean the mode at dying, heart laiture, asthenia, etc. It means the dis injury ar complication which caused death.)	sease,	CONSEQUENCE OF:	******************************	
ANTECEDENT CAUSES	(B)	GRAN NEGATIV	E PNEUMONIA	5 days
DISEASES OR CONDITIONS, if any, is to the above cause (A) stolling UNDERLYING CONDITION last.	giving DUE 10, OR AS A	A CONSEQUENCE OF: HEPATIC COMA W/	ASPIRATION	8-10 days
O THE SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL			800 00000000000000000000000000000000000
198 CONDITION WAS PERFORMED	FOR WHICH OPERATION	YES	20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES O	IGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B PLACE OF INJURY (e.g., in home, farm, factory, street, official)	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(if in Balilmore City,	give exact location)
21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJUR	Y OCCUR?	
22. I certify that (M (this hospital) atten		12/26	59 to Jan	19 70
that (1) (we) last saw the deceased alive		19 70 and that	in (my) ()(DE)Copinian d	eath accurred an the date
and have and from the causes stated aba	ve. (I) (WE) (did) (GREGION) vie	ew the body after death.		
n7 balsinion 0	Attende Phys.	ding Med. Sta		Jan 15, 1970
		D. ADDRESS	s Hospital, Ba	altimore, Md.
REMOVAL (Specify) 248, DATE 2.	Mt. Calyny		ATION (City, town	n, or county) (State)

HEALTH DEPT. 258. NAME OF REGISTRAR JAN 1 VS 150-REV. 1/1/68

250, FUNERAL DIRECTOR

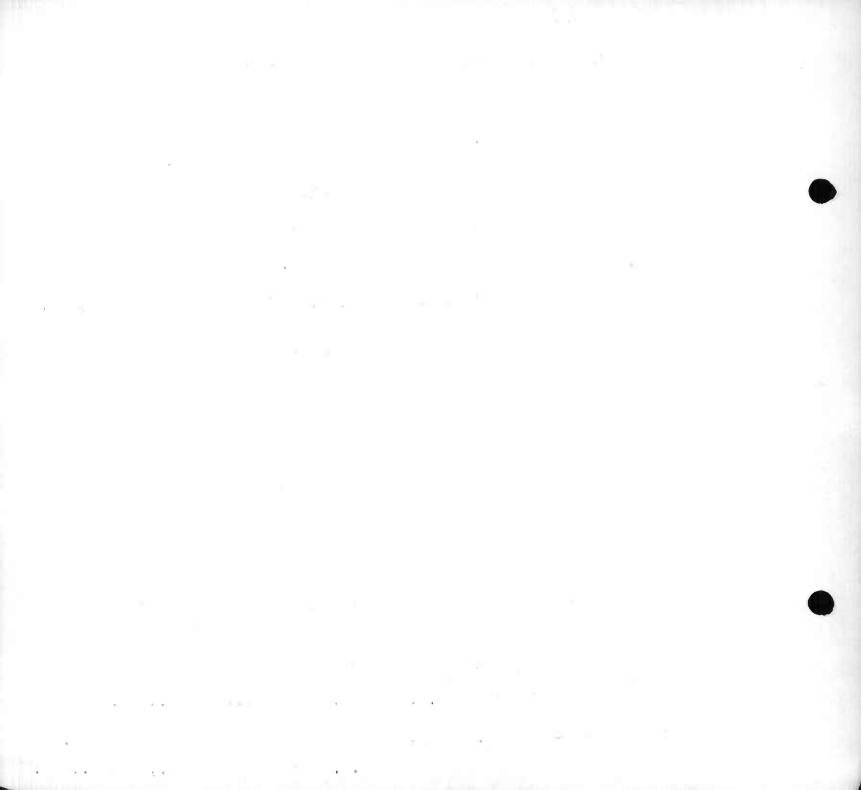


MEDICAL	EV A MAINIED'C	CEDTIEICATE	OF DEATH
MEDICAL	EXAMINEK 2	CERTIFICATE	OF DEATH

CERTIFICATE OF DEATH REG. NO.	70	005	1
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		0513	MED	ICAL	EXAM	INER'S	CERTIFIC	CATE C	F DEAT	H REG. NO.	70	00513
	TH NO.											
I. NAME OF DECEASED (Type or Print) DORA McCORMICK						2. DATE OF DEATH	Known	Month	Day	Year	Hour M.	
4. P	LACE IN BA	LTIMORE, MA	RYLAND, W	HERE PE	RONOUNCED	DEAD	3. DATE		Month	Doy	Yeor	Hour
HOS	NAME OF PITAL NSTITUTION	(IF NO	T IN HOSPITA	L OR INS	TITUTION, GIVE	STREET		NCED DEAD	Januar	cy 13, 19	970	7:20 P. M.
	SI	NAI HOS	PITAL	(DOA	.)			Maryland		B. COUNTY	15	13
6. S	ex Temale	7. RACE Neg:			HED W NEVER		C, CITY OR Balti			D. INSIDE CIT		
9. D	ATE OF BIRT		10.AGE (In lost birthdoy			If Under 24 Hrs.		ND NUMBER		YE	s 🛭 N	10 🗀
7.	-23-	700 29		40			2610 Q	uantico	Avenue			
II. E	11	State or foreig	n country)		12. CITIZEN C	UNTRY?	13. FATHER'S	NAME	0	4011		
14A.	USUAL OCCU	PATION (Give	kind of work	4B. KIND		OR INDUSTRY	115. MOTHER	S MAIDEN N	IAME	5611		
done	during most of v	prking life, eve	en Ifretired)	4	1 - 1	,	71.	/	01			
16. 1		ED EVER IN	U.S. ARMED	FORCES	0 S 0 1 +	21	18. INFORM	ANT	HISto.	AF	DDRESS	1
		(If yes, give w			SEC.	URITY NO.	M E.	stelle N	100004	1.21337	DNEW	rood Ave.
Ti	9.	- 5			DY 5-64	AUSE OF DEA	TH	rellell	MASSERI	SUPE		ROXIMATE INTERVAL
	4/	,				Hyperten	airra Ca	ndi orran	oular Di	1 50250	BETWE	EN ONSET AND DEATH
		LEADING TO		ILY		0 1		Tulovas	culat D	rsease		
	(This does n	not mean the c, osthenio, etc. mplication whic	mode of dyl	discose,		DUE TO, OR	AS A CONSEQU	JENCE OF:				photophic a a 4 a a-a-materia spinished all
		The state of the s		,								
		NTECEDENT		004040		(B) DUE TO, OR	AS A CONSEC	UENCE OF				
	RISE TO TH	OR CONDITION	USE (A) STATE	ING THE		DOE 10, OK	AS A CONSEG	UENCE OF:				
2	UNDERLYIF	NG CONDITION	ON LAST.		(c)						
			11									
CERTIFICATION	TO THE DE	NIFICANT CON ATH BUT NOT CONDITION	RELATED TO	HE TERM	INAL							
ER	OA. DATE OF	POPERATION	20B. CON	DITION	FOR WHICH C	PERATION WA	AS PERFORMI	ED			21. AUTOP	SY? (Yes or No)
+17											no	
일	UNDERLYING	NAL CAUSE	TRIB-		22B. PLACE Of home, form, foc	F INJURY (e.g., tory, street, office	In or obout 22 bldg., elc.) IN	C. WHERE DI	D (If in Boltimo	ore City, give exoc	ct location)	
		(Month) (D	oy) (Year)	(Hou) 22E.INJUR	Y OCCURRED	22	F, HOW DID	INJURY OCC	LIR?		
	OF INJURY (APPROX.)				m. WHILE AT		WHILE			O.K.		
H		Ify that I he	eld on In	quiry [Inspec	tion 🖾 Aut	tap sy	ond that or	this basis,	death in my	opinion	
	resul	ted from: No	aturol caus	es 🗵	Accident	Suicid	le 🗌 Hor	micide 🗌	Undetermi	ned manner		
		1/7		111	111		C	HIEF MEDICA	L EXAMINER			
	SIGNAT		uld 1	116	hul	M,D	ASSIS	TANT MEDICA	LEXAMINER	₹k	D	DATE SIGNED
	EXAMIN	ER'S RO	nald N	. Koi	nblum,M			CIATE MEDICA	L EXAMINER		1/14/70)
24A	NAME (1	MATION. 12	48, DATE		24C. NAME	of CEMETERY	or CREMATO	RY 24	D. LOCATION	(City, town,	, or county)	(Stote)
KEN	OVAL (Speci	(4)	1-22	72	Nati	wall.	24/10/20	1	2 1.	40.00	*4	1
25A	DATE REC'D	BY HEALTH D	DEPT,	25B. N	AME OF REGI	STRAR	25C. F	UMERAL DIRE	CTOR	DONE,	DDRESS	<i>x</i> ,
	108	11 6 10	70 0	0.0	70		0	101	0400	1. P		1. 1.
VS 1	51-REV. 1/1/6	1 10 19	11 168	1.55 E	Jaben	MD	1)94	ar pl	Licoll	ick 243	16.0k	wer sto
4.9.1	A.VET. 1/1/00			-	1 3 3	Married and Alba	. 0		7 7			64

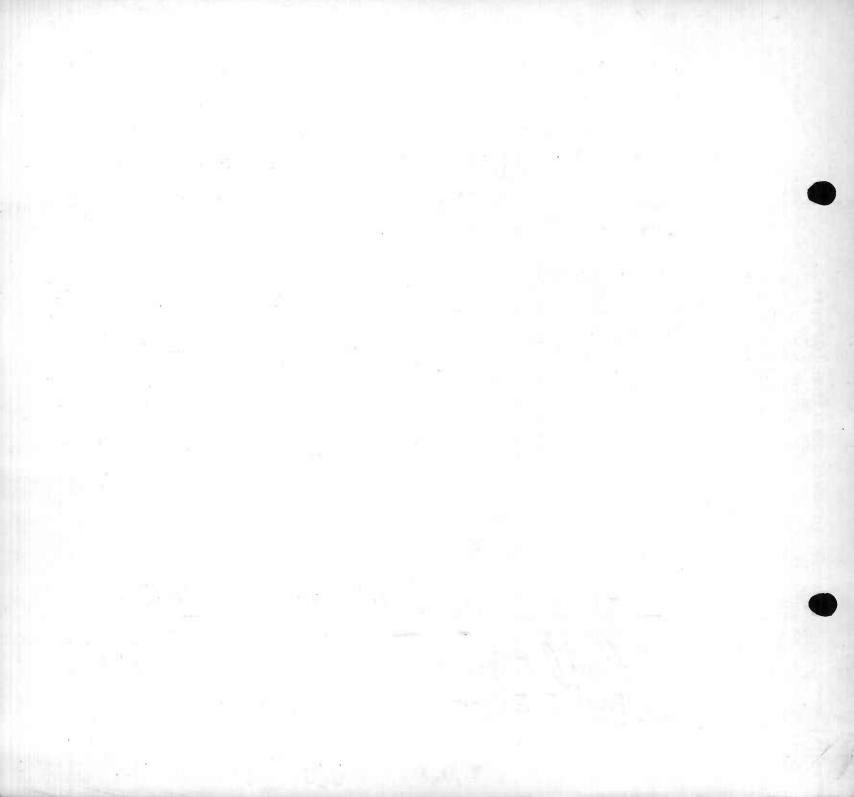
M-250 70 00514	BALTIMORE CITY	HEALTH DEPARTMENT		70 00 00 TAA
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	70 00514
1. NAME OF DECEASED (Type or Print)		2. DATE A	ND HOUR OF DEATH	
Julia Helen Mc			4-70	1 11 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNG	CED DEAD	4. USUAL RESIDENCE (WH	ere deceased lived. Il in	stitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	Maryland C. CITY OR TOWN		2712
200 11 21		Baltimore	p. 11421	DE CITY LIMITS?
00 322 Woodbourne Ave.		E. STREET AND NUMBER		YES X NO
		322 Woodb	ourne Ave.	
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In yours	II Under 1 Ve II Heder 24 II
P' WIDOWED	DIVORCED	6-24-1880	lost birthday	Il Under 1 Yr. Il Under 24 Hr. Months: Doys Hours Min.
0A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	oign country)	12. CITIZEN OF WHAT COUNT
Secretary Storage		Maryland		USA
		14. MOTHER'S MAIDEN NA	ME	
James J. NcCann		Julia E. C	assidy	
5. Was Doceased Ever in U. S. Armod Forcas? (es, no or unknown) (If yos, give war or dates of service)	SOCIAL	17. INFORMANT		ADDRESS
	SECURITY NO. 12-22-9584	P. D. Will	toma Mal-	
18. / / 6	CAUSE OF DEATH		rams Tak	oma Park, Md.
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
LEADING TO DEATH		10.1		211
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	***********************	24 hrs.
heort failure, asthenio, etc. It means the disease, injury or complication which caused death.)	DOL 10, OR AS A	CONSEQUENCE OF:		' '
ANTECEDENT CAUSES		ncun		
DISEASES OR CONDITIONS, if any, giving	(B)	HOND		
rise to the above cause (A) stating the UNDERLYING CONDITION last.		A CONSEQUENCE OF:		
	(c)		******************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION WAS PERFORMED	***************************************			
19A. DATE OF OPERATION 198. CONDITION FOR WHIC	CH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES WERE SI	NDINGS CONSIDERED
WAS PERFORMED		No	IN CERTIFYING CAU	INDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYINO 218. PLA	CE OF INJURY (e.g., in	or shoul 21C WHERE DID	If In Rollimore	City, give exact location)
DEATH (notify medicol exominer)	rm, factory, street, offi	ce bldg. INJURY OCCUR?	he to portrojote	City, give exect locotion)
21 D. TIME (Month) (Day) (Year) (Hourd 215 to 1)	URY OCCURRED	015		
OF INJURI		21F. HOW DID INJ	URY OCCUR?	
Work	☐ At Work			
22. I certify that (1) (this haspital) attended the de	sceased from	March	19 6 5 10	present 19
that (1) (we) last saw the deceased alive an	Och 7	1.0		ion death occurred on the dat
and haur and from the causes stated above. (1) (We	ما (طنط) (طنط سمم)		ar in (m), ton, ablu	ion death occurred on the dat
23A. SIGNATURE	-, (414) (414 1101) VII	w ine bady after death.		20.0 24.05 410.15
Philas D.M. D.	Attend	ding [] Med.		23 & DATE SIGNED
23C, PHYSICIAN'S	DEGREE Phys.	Director L	Staff Phys.	1-15-17/0
NAME (Typo)	26 00	D. ADDRESS		
Philip Wagley	M.D.		st., Balto.	., Md.
A. BURIAL CREMATION, REMOVAL (Specily) 248. DATE 24C. NAME	of CEMETERY OF CREM	ATORY 24D. LE	CATION (City,	, lown, or county) (State)
Burial 1-16-70 St.	Marys, Go	vans Ba	ltimore	Md.
A DATE MC D. RY HEALTH DEPT. 258. NAME OF RE		25C. FUNERAL DIRECTOR		ADDRESS
JAN 16 19/0 Belen & Jaben MA	2 0 0 .5	H.W. Jenkins	& Sons Co.	, Balto., Md.
S 150-REV. 1/1/68			(init)	



C -50	-	5 00.	BALT	IMORE CITY	HEALTH DEPARTME	NT		MO 00 m
C - 55%	7	U 005	15 CER	TIFICA	TE OF DEA	TH X REG.	NO	70 00515
I NAME OF DECEA	SED					TE AND HOUR OF	DEATH	
(Type or Print)	CUNNI	NIK. H	on AP	mar	NITUA	1/2 /	70	1 9:300
3. PLACE IN BALTIA	ORE MARYLAND	WHERE PR	ONO UN CED DEAL	D	USUAL RESIDENC	(Where deceased li		8,001
		WILL IN	DITOUTICED DEAL		A. STATE B.	COUNTY	ved. It instituti	on: residence beloro odmissi
FULL NAME OF	(IF NOT IN HO	SPITAL OR IN	ASTITUTION, GIVE	STREET	md.	BAHO	1)	5300
HOSPITAL OR	ADDRESS OR L	OCATION			C. CITY OR TOWN	SHII	D. INSIDE C	ITY HARTES
5CHUR	041 140	mes K	- H-15017	401	BACTIA	110 =		
SUMUN	JA 110	2010	THE COURT	71	E. STREET AND NUM		YES	□ NO □
Broad	WAYK	tage	le vt.				0.	21222
					LAS FIN	1ewood		21222
5. SEX 6.	RACE	7- MARI	RIED NEVER M	ARRIED	8. DATE OF BIRTH	9. AGE (In y	ors If	Under 1 Yr. If Under 24 H
F	W		/	ORCED	5-10.86	lost birthday)	\$ 2 Moi	nths Doys Hours Min.
DA. USUAL OCCUPA	TION (Give kind of	WORK TOR KIN	D OF BUSINESS O	OKCED	11 0/0-1/0		00	
done during most of wor	king life, even if retir	ed)	D OF BOSHAESS OF	K INDUSTRE	11. BIRTHPHACE (State	or foreign (country)	12,	CITIZEN OF WHAT COUNT
HOMEN	DAKER		A	ME		Lesani		11 00
3. FATHER'S NAME	1171		111 1101	1/6	14. MOTHER'S MAIDE	- 1		4.00.4.
1.1.	HAD	day						
ZONN	MAG	COX			Rebec	CA BAT	er	
5. Wes Deceased Ev	er in U. S. Armed	Forces?	16. SOCIAL		17. THEORMANT			ADDRESS 264
resido of unknown) (If	yes, give wor or	dotes of serv	ice) SECURITY	r NO.	0/	No)	00	ADDRESS OCTO
The	,				Harmer	Victo a	Sken	no Tou 1/1/1/
18. 7 0 1	VI		CAUSE	OF DEATH	1	, ,	J. Lever	APPROXIMATE INTERVAL
DISCASE	OR CONDITION	DISTORY			•			BETWEEN ONSET AND DEA
LE	ADING TO DEAT	DIKEC ILT				0 0 .		
	meen the made		(A) IMI	MEDIATE CAU	SE Cacute /	enal Faci	eure	
heort failure, ast	henio, elc. il med	ons the dise	ose. DU	E TO, OR AS	A CONSEQUENCE OF:			*****
injury or complic	calion which caus	sed death.)						
AN	TECEDENT CAUS	SES		P		1 /6)	
			(8)	pone	mechinen cel	eresseen (12	inciplop	early
DISEASES OR	CONDITIONS, in	if any, giv	ving DUI	E TO, OR AS	MORNES CE P. A CONSEQUENCE OF:	ee	ial · land	0 7/
UNDERLYING C	ONDITION lost	A) siding	(C)					
			(0)					
Z	II		1.0	Pancy		ral . certy.	2	
TO THE DEATH B	NI CONDITIONS (UT NOT RELATED TO	CONTRIBUTII	NG	(scup	. acute M	E CAT		
DISEASE OR CON	DITION GIVEN IN I	PART 1 (A).		**********	***************************************			
19A. DATE OF OP	ERATION 198 C	ONDITION F	OR WHICH OPERA	MOIT	20A. AUTOPSY? (Yes	or No. 208, IF YES	WERE FINDIN	IGS CONSIDERED
	WAST	PERFORMED			VEE	IN CERTIFY	NG CAUSES	OF DEATH?
21A. ACCIDENT	WAS UNDERLYING	G	21 B. PLACE OF IN	JURY (e.c. in	or obout R1C. WHERE	OLD WITE	Bellimes Cit	when a sent to a sent to
. IOR CONTRIBUTIN	IGI I CAUSE OF	annel	hame, iarm, lactor	ry, street, all	ice bidg. INJURY OCC	R? prin	solumore City,	give exact location)
DEATH (notify me	arcol examined		elcJ					
21D. TIME (M	ionth) (Doy) (Yes	on (Hour)	21E INJURY OCC	URRED	21F. HOW DI	D INJURY OCCUR?		
S TOL HAZOKI			While At	Not White		- HOURT OCCUR!		
(APPROX.)			Work L	At Work				
22. I certify the	t (1) (this bosni	tol) etterd.	ed the deceased		e - 12	10/20	0	the Tax
AL (1) ()	· (1) (time nospi	dilende	ine decedsed	Trom	7 5	1967ta_	Jan.	19-70
That (I) (we) las	t saw the deced	ased alive	n Your	. \1	19 <u></u>	nd that in (my) (o	ur) opinian d	leath accurred an the da
and haur and fre	om the causes s	stated above	e. "(t)-(We) (did)-	title (tear bib)	ew the bady after de	ash		and the same of th
23A. SIGNATURE			- 17 (0.0) (0.0)	/ HOLF AT	on the budy utter de	Utile		
	/	. ,	6.0	Au-	dta — u i		23 B, 1	DATE SIGNED
CM	leagara		M.J.	Alten Phys.	ding Med.	Shaff Phys.	1	15-40
23C. PHYSICIAN'S					3D. ADDRESS	,		
NAME (Type)	2011	VEDA	spe 1.	1	Oliversh Home	9 Hora 20	100	K. Brandevoy
			ARA, H	OFGREET		Hoperan		p. Brandevoy Baltimor Med
4A. BURIAL CREMAT	HON INE DATE	246	NAME of CEME	TERY OF CREA	MATORY 2	D. LOCATION		n, or county) (Stote)
	TON, 24th DATE	1-44						
REMOVAL (Spec						Lamaia		
Rem. Buria	ΐ " 1− 18	3-1970	Sardis			Harriso		nty, W.Va.
Rem. Buria	ΐ " 1− 18	3-1970	Sardis		ery		n Cour	nty, W.Va.
REMOVAL (Spec Rem. Buria SA. DATE REC'D BY JAN 16 19	ΐ " 1− 18	3-1970			ery		n Cour	nty, W.Va.
Rem. Buria	ΐ " 1− 18	3-1970	Sardis		ery		n Cour	



75-534 70 00516	BALTIMORE CITY			711 11510
	CERTIFICA	TE OF DEATH	REG. NO.	70 00516
BIRTH NO.			D HOUR OF DEATH	
(Type or Print).				70 1750 Pm.
KICHARD H. RANDAL		JAMU	3Ry 14,19	70 7 Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	A. STATE B. COUN	TY	ilulion; residence before camiss
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	UTION, GIVE STREET	MARULAND ,	BALTIMOR	E CITY LIMITS?
GOOD SAMARITAN HOSP.	ITAL	BALTIMORE E. STREET AND NUMBER		YES X NO
5601 LOCH RAVEN BIVI	21212	3906 CLOVE	e HILL RO	AD 2/2/2
	NEVER MARRIED		ost birthdoyl	If Under 1 Yr. If Under 24 Months Doys Hours Min
M WIDOWER		8-1-96	73	
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF tone during most of working life, even if retired)	ROSINESS OK INDUSTRA	11. BIRTHPLA CE (State or forei	gn country)	12. CITIZEN OF WHAT COUN
	's CandyCo.	Maryland		USA
3. FATHER'S NAME	· ·	14. MOTHER'S MAIDEN NAM	A E	
Danial R. Randall 5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or doles of service)		Elizabeth	Hardin	
5. Was Deceased Ever in U. S. Armed Farces? 'es,no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
WWI	216078925	Richard H. R	andall.Jr.	Same
18 /	CAUSE OF DEAT	H		APPROXIMATE INTERV
410.9				BETWEEN ONSET AND D
DISEASE OR CONDITION DIRECTLY	+	11-11-12	1.1 -	1. 1
	(A) IMMEDIATE CAL	USE ACUTE MYOC	ardial Latur	CTIEN
(This daes nat meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DHE TO OR AS	A CONSEQUENCE OF:		
injury ar camplication which coused death.)				
ANTECEDENT CAUSES				
	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoting the	DUE 10, OR AS	A CONSEGUENCE OF:		
UNDERLYING CONDITION last.	(c)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL				ì
- 10 THE DEATH BUT NOT KETATED TO THE TERMINAL				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION	120A. ALITOPSY? (Yes, or No	20B IF YES WEDE EI	NOINGS CONSIDERED
DISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
DISEASE OR CONDITION GIVEN IN PART 1 (A).		XVZJ		
DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING 21B. Nor CONTRIBUTING CAUSE OF hom	PLACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or No		NDINGS CONSIDERED SES OF DEATH?
DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING 21B. Nor CONTRIBUTING CAUSE OF hom	PLACE OF INJURY (e.g., ine, form, foctory, street, o	in or about 210, WHERE DID		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. hom elc.	PLACE OF INJURY (e.g., ine, form, foctory, street, o	in or about 210. WHERE DID effice bldg., INJURY OCCUR?	(If in Boltimore	
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DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nohify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. Wh Wo 22. I certify that (H) (this haspital) attended to that (I) (we) lost saw the deceased alive on	PLACE OF INJURY (e.g., integration of the form, foctory, street, or the form, foctory, street, or the foctory, street, or the foctory of the	in or about 219 WHERE DID fiftice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
UNITED STATE OF OPERATION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR IN WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR IN WAS PERFORMED 21B. CONTRIBUTING CAUSE OF home etc. 21B. CONTRIBUTING CAUSE OF home etc. 21D. TIME (Month) (Doy) (Year) (Hour) 21E, OF INJURY (APPROX.) 22. I certify that (H) (this haspital) attended to	PLACE OF INJURY (e.g., integration of the form, foctory, street, or the form, foctory, street, or the foctory, street, or the foctory of the	in or about 219 WHERE DID fiftice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
U 21 A. ACCIDENT WAS UNDERLYING OR ONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. When the contribution of the contr	PLACE OF INJURY (e.g., integration of the form, foctory, street, or the form, foctory, street, or the foctory, street, or the foctory of the	in or about 219 WHERE DID fiftice bidg., INJURY OCCUR?	(If in Baltimore URY OCCUR? 9ta	City, give exact locotion)
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominet) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. OF INJURY (APPROX.) 22. I certify that (H) (this haspital) attended that (I) (we) lost saw the deceased alive on and hour and fram the causes stated abave. (I)	PLACE OF INJURY (e.g., ine, form, foctory, street, one) INJURY OCCURRED ILLE AT Not While At Work The deceased fram	in or about 219. WHERE DID fiffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 and the view the body after death.	(If in Baltimore URY OCCUR? 9taopin Staff	City, give exact location) 19 an death accurred on the
DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. Who was performed by the contribution of the contrib	PLACE OF INJURY (e.g., in the form, foctory, street, or the form, foctory, street, or the foctory, str	in or about 219. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 and the over the body after death.	(If in Baltimore	City, give exact location) 19 an death accurred on the
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominet) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. OF INJURY (APPROX.) 22. I certify that (H) (this haspital) attended that (I) (we) lost saw the deceased alive on and hour and fram the causes stated abave. (I)	PLACE OF INJURY (e.g., in the form, foctory, street, or the form, foctory, street, or the foctory, str	in or about 219. WHERE DID fiffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 and the view the body after death.	(If in Baltimore URY OCCUR? 9taopin Staff	City, give exact location) 19 an death accurred on the
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DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. OF INJURY (APPROX.) 22. I certify that (H) (this haspital) attended that (I) (we) lost saw the deceased alive on and hour and fram the causes stated abave. (I) 23A. SIGNATURE 23C. PHYSICIANT NAME (Type)	PLACE OF INJURY (e.g., in the form, foctory, street, or the form, foctory, street, or the form, foctory, street, or the foctor	in or about 219 WHERE DID infice bidg, INJURY OCCUR? 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU And the wilew the body after death. 23D. ADDRESS	(If in Boltimore URY OCCUR? 9ta	City, give exact location
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DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. Wh. Wo. 22. I certify that (H) (this haspital) attended to that (I) (we) lost saw the deceased alive on and hour and fram the couses stated above. (I) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. N. PEMOVAL (Specify)	PLACE OF INJURY (e.g., in the form, foctory, street, or the form, foctory, street, or the foctory, str	in or about 210 WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 19 and the view the body after death. 23D. ADDRESS EMATORY 24D. LC	(If in Boltimore URY OCCUR? 9ta	City, give exact location) 19 an death accurred on the 23B. DATE SIGNED
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. (APPROX.) 22. I certify that (H) (this haspital) attended that (I) (we) lost saw the deceased alive on and hour and fram the couses stated abave. (I) 23A. SIGNATURE 23C. PHYSICIAN PARME (Type) 24A. BURIAL CREMATION, 24B. DATE 23C. PHYSICIAN PARME (Type) 24A. BURIAL CREMATION, 24B. DATE 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME (TYPE)	PLACE OF INJURY (e.g., in the form, foctory, street, or the form, foctory, street, or the form, foctory, street, or the foctor	in or about 210 WHERE DID inffice bidg., INJURY OCCUR? 21F. HOW DID INJU 1	(If in Boltimore URY OCCUR? 9ta	an death accurred on the
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DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. (APPROX.) 22. I certify that (H) (this haspital) attended that (I) (we) lost saw the deceased alive on and hour and fram the couses stated abave. (I) 23A. SIGNATURE 23C. PHYSICIAN PARME (Type) 24A. BURIAL CREMATION, 24B. DATE 23C. PHYSICIAN PARME (Type) 24A. BURIAL CREMATION, 24B. DATE 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME (TYPE)	PLACE OF INJURY (e.g., in the form, foctory, street, or the form, foctory, street, or the form, foctory, street, or the foctor	in or about 210 WHERE DID in or about 210 WHERE DID infice bidg., INJURY OCCUR? 21F. HOW DID INJU 22F. FUNERAL DIRECTOR H. W. Jenkins	(If in Boltimore URY OCCUR? 9ta	an death accurred on the lower, or county) Nown, or county) 19 19 19 19 19 19 19 19 19 1

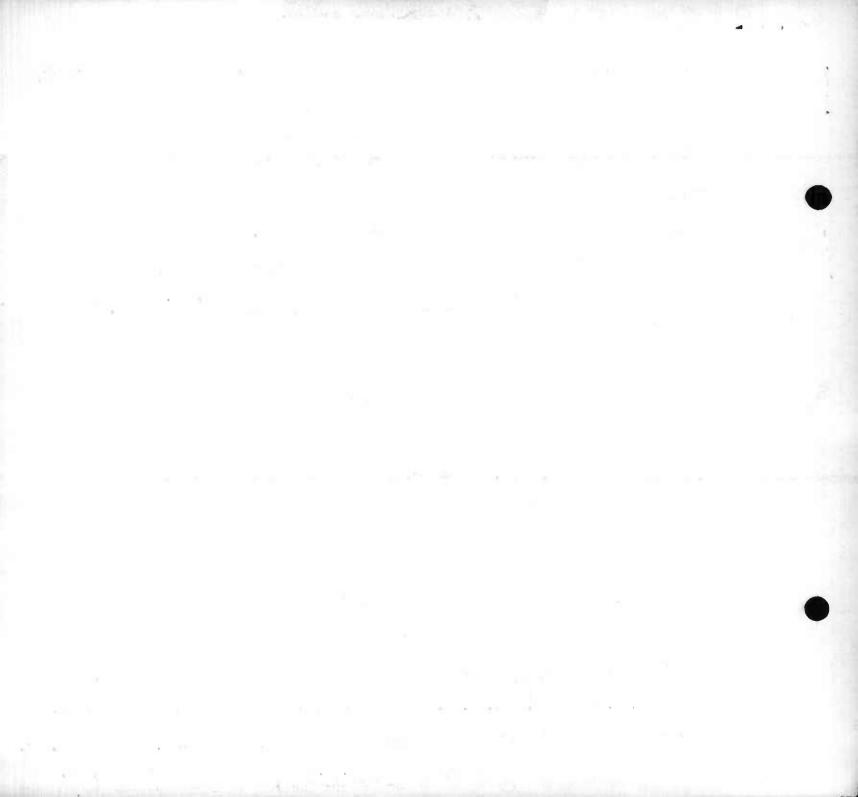




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APPROVAL

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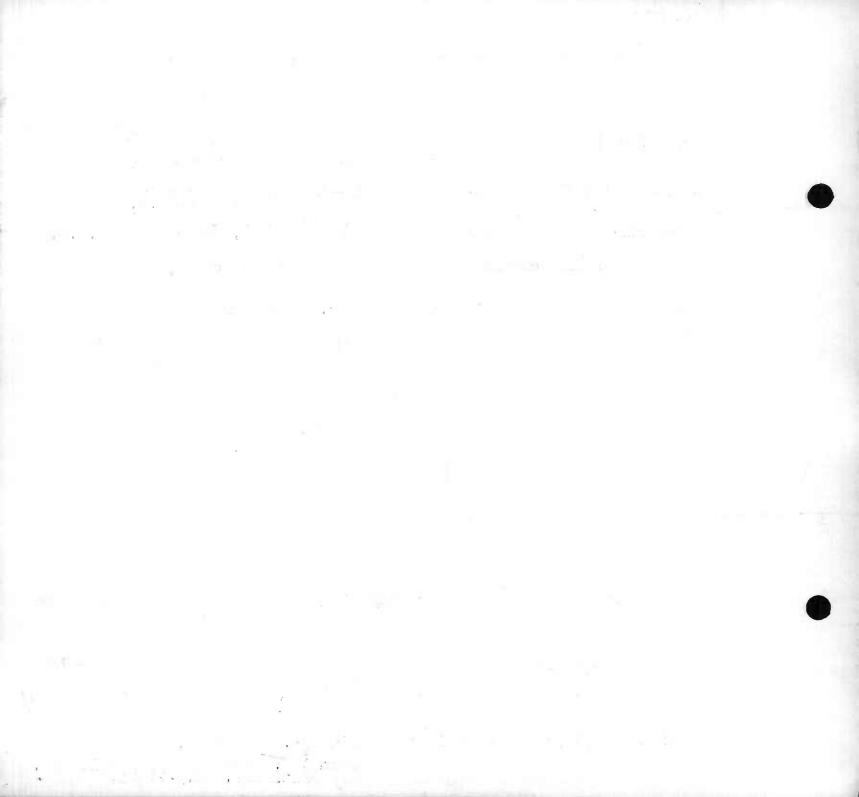


1	C-200 70 0052	BALTIMORE CITY	HEALTH DEPARTMENT					
BI	C - 200 700052	CERTIFICA	TE OF DEATH	REG. NO.	70 00521			
ī.	NAME OF DECEASED	7-11		D HOUR OF DEATH				
	CZAKO. C	giherine	1-10	-70	110:20 A.M.			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. If institution:	residence before odmission)			
H	ULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	GUIT OR TOWN	och Md.	5200			
1		1timore OF	Marslan	YES				
1	Bank Sagare		E. STREET AND NUMBER					
1	SEX G. RACE 17. MAR		237 Ken	Wood Kd	21122			
1,	Female White WIDD	WED DIVORCED	8. DATE OF BIRTH	9. AGE (In years If Und last birthday) Month	der 1 Yr. If Under 24 Hrs. B Doys Hours Min.			
i0.	A. USUAL OCCUPATION (Give kind of work 10B, KIN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or forei	gn country 12. CI	TIZEN OF WHAT COUNTRY?			
		inance	Marsla	nd $\frac{1}{2}$	1.11			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAN	AE O	1. 40.71			
	Wm & Ma Glan	0	Deide	man, Anna	C.			
15. (Ye	Was Deceased Ever in U. S. Armed Forces?	icel 1 6. SOCIAL SECURITY NO. 5	17. INFORMANT	1/4/1	ADDRESS			
	NO	216 14 7685	Pf Ch	art Nosnot	6/1			
	18. 174 V 1	CAUSE OF DEATH		- Te Spirit	APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY	Metart	atic Carcino	m 13	BETWEEN ONSET AND DEATH			
	LEADING TO DEATH 1This does not meen the made of dying,	(A) IMMEDIATE CAUS	SE CONSEQUENCE OF:	***************************************	1/			
	heart failure, asthenia, etc. Il means the dise injury ar camplication which coused death.)	DUE TO, OR AS A	-		125 years			
	ANTECEDENT CAUSES	Q.F	1. Breast	,	1) '/			
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS A	CONSEQUENCE OF:	*******************************				
	rise to the above cause (A) stoling UNDERLYING CONDITION tost							
	CI C							
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI							
AT	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	*************	************************************					
ERTIFIC	19A DATE OF OPERATION 19B CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?			
CALC	21A- ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH inotify medical examiner	21 B. PLACE OF INJURY (e.g., in hame, farm, factory, street, affic etc.)	or obout 21°C. WHERE DID ce bldg., INJURY OCCUR?	(If In Bollimore City, gl	ve exect location)			
NED!	21D. TIME (Month) (Day) (Year) (Hous) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
2	IAPPROXI	While At Not While Work At Work		,				
	22. I certify that (I) (this hospital) attended the deceased from 2 1907 to 1970							
	that (i) (we) last saw the deceased alive an 19 and that In (my) (our) apinian death accurred on the date							
	and hour and from the causes stated abave. (1) (We) ((did)) (did nat) view the bady after death.							
	23A. SIGNATURE VOSASU LE				TE SIGNED			
		M-D Attend		Noff hys.	-10-1970			
	PAME (Type) /ARAH /OPA	23	D. ADDRESS	N . P 01	1.1			
		SURIN M.D	Bon secous	Hosp. Balt	o, Md.			
24/	REMOVAL (Specify) 248. DATE 246	C. NAME of CEMETERY OF CREA	AATORY 24D. LO	CATION (City, town,	or county) (Stole)			
	Burial 1/14/70	Baltimore Nat	ional I	Baltimore, Ma	ryland			
25/	JAN 16 19 1 1 258 NAM	ME OF REGISTRAR	25C FUNERAL DIRECTOR	Gonce 4001 R	itanie Hy.			
1	150-REV. 1/1/68	Seville ()	O BaD	timore. Md.	21225			
4.9	100-NL 78 1/1/00		7607					



FUNERAL DIRECTOR:

BALTIMORE CIT	Y HEALTH DEPARTMENT
S-556 70 00522 CERTIFICA	ATE OF DEATH X REG. NO. 70 00522
DIKITI NO.	AL OI DEATH
Type or Pinil HELEN B. SIMONA IRE	2. DATE AND HOUR OF DEATH
	JAN 125 1970 12:05P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY A. C.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Margland 5000
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
R in A Ob -	Baltiner YES NO
South Balt Genel Hesp	E. STREET AND NUMBER.
	430 St. Avenus
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs.
Teamle willowed DIVORCED	6-28-90 lost Dirthdoy! 79 Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Housewife Home	Baltimore, Maryland U.S.A.
13. FATHER'S NAME	, Maryland U.S.A.
Leopold Schuarz	Carrie ? Schuman
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No 217 07 7578	Mrs. Helen Gorman Same
18. / CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	use Uremia
(This does not mean the made of dying, e.g., (A) IMMEDIATE CA DUE TO, OR AS	A CONSEQUENCE OF:
heart failure, asthenia, etc. If means the disease, injury ar camplication which caused death.)	1 0 0 1
ANTECEDENT CAUSES	to Acuti lych hi
	A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
UNDERLYING CONDITION lost. (C)	· Obstruction.
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Coserce of him
✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, of DEATH (notify medical examiner)	in or about 21 C. WHERE DID (If In Baltimore City, give exact location)
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At Company	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not Whi	
	8- 1:00/m 12-01 19 19 10 12:03 /- 12-1-1970
	2-1-19-76 and that In(my) (aur) aplinian death accurred on the date
and haur and from the causes stated above. (1) (We) (did) (did not)	lew the bady after death.
23A. SIGNATURE	23B, DATE SIGNED
DEGREE Phy	anding Med. Stoff Physics 12-1-10
	3000 C. Hanever St pelt Md
DEGREE 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	tolder
Burial 1/15/70 Meadowridge Me	
JAN 16 1970 258, NAME OF REGISTRAR	George J. Gonce 4001 Ritchie Hgy. Balfamore, Md. 21225
VS 150-REV. 1/1/6B	(1 A par Minore & Min ETER)



FUNERAL DIRECTOR: IMPORTANT

C-400 70 00523 BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO.	ATE OF DEATH REG. NO. 70 00523
1. NAME OF DECEASED COLE ADELE W.	2 DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission A. STATE 8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. BALTIMORE 2711
UNION MEMORIAL	BALTYMORE YES NO
HOSPITAL	E. STREET AND NUMBER 420 NORTHWAY
5. SEX 6. RACE 7. MARRIED NEVER MARRIED FEMALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. 7-12-1900 G9 Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) HOME MAKER	11. SIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY M. J. A.
13. FATHER'S NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	14. MOTHER'S MAIDEN NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15. Was Decoased Ever in U. S. Armod Forcos? (Yes, no or ynknown) (If yos, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS
214-18-9415	Thomas W. Cole 6309 Bellona Ave. Balto.Md
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CA! DUE TO. OR AS	CARDIAC ADDECT
heori foilure, asthenia, etc. Il means the disease, injury or complication which coused death.)	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	TE HYOCARDIAL INFARCTION
The state of the s	PULMONARY EDEMA
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	OF MYOCARD. INFARCTION
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTO SY2 (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 218. PLACE OF INJURY (e.g., I hame, form, factory, street, a etc.)	in or obout 21C. WHERE DID (If in Boltimore City, give exect location)
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED While At Not While At Work At Work	21F. HOW DID INJURY OCCUR?
22. 1 certify that (this hospital) attended the deceased from	2-5 1969 10 1-14 10 70
that (1) (we) last saw the deceased olive on 1-14	19 70 and that In(my) foot opinion death occurred on the date
and hour and from the sauses stoted above. (1) (We) (did) (did not) v	riew the body ofter death.
Phys	anding Med. Staff Phys. 23B, DATE SIGNED
22C BUYELGIA A PER	23 D. ADDRESS UMH
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION (City, town, or county) (Stote)
burial 1/17/70 New Cathedral (
JAN 16 1970 Cobe & L. Jake 18 (1)	25C. FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Rd. Balto
VS 150-REV. 1/1/68	

1374 SALTIMORE -LNICH MEMORIAL 1451810H 423 NERTHERY

FEMALE WAITE X 7-12-1900 69

Md USG HOME MAKEZ

SPACKED STANDARD STAN ON 지나이 살 그에 이 보고에 보는 그 사람이 되었으면 보다.

CARDIAC ARREST

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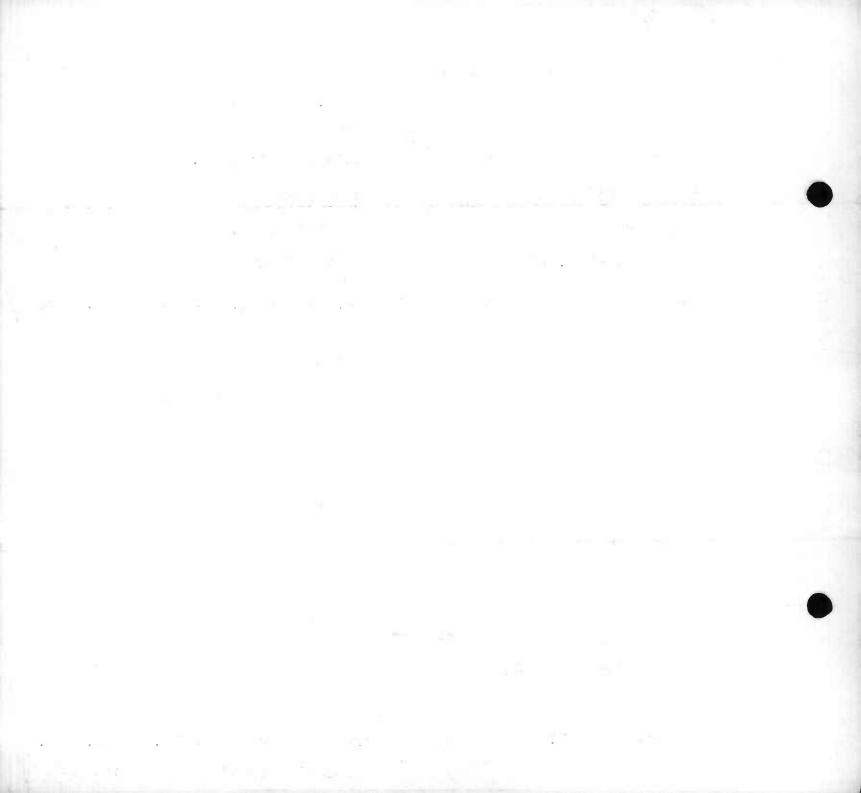
HOUSE PRILATIVES EX MA

THE MEN WERE TO SEE THE PROPERTY OF

J. Mills 12- \$0 69 1-14 J. Phills 1128 (M+K

Highland Sent till sent autstylledender

C-545 70 00524		HEALTH DEPARTMENT	X REG. NO	70 00524
1. NAME OF DECEASED (Type or Print) E/E ANOR B	Collon		D HOUR OF DEATH	0 14:45 Am
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOR FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATIONI THE REPORT OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATIONI THE REPORT OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATIONI THE REPORT OF HOSPITAL OR INSTITUTION THE REPORT OF HOSPITAL	UTION, GIVE STREET	A. USUAL RESIDENCE (When A. STATE R. COUN Md. Bal C. CITY OR TOWN TOWS ON E. STREET AND NUMBER Dulaney Vall	timore D. INSID	E CITY LIMITS? YES NO.
5. SEX 6. RACE / 7. MARRIED WIDOWED WIDOWED	- WEASH WORKIED	10 24 1888	ast bishdoy)	II Under 1 Yc. II Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even it retired) Homemaker 13. FATHER'S NAME Frank J. Flanner	BUSINESS OR INDUSTRY	Baltimore, M. Mother's Malden NAM Ella Branr	ld.	USA
15. Was Deceased Ever in U. S. Armod Forces? (Yas, no or unknown) (If yes, give wor or dates of service)		7. INFORMANT Mr. Charles		ADDRESS 115 St. Dunsta
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(a) IMMEDIATE CAUS DUE TO, OR AS A (B) CONGRE DUE TO, OR AS A (C) ASC V	CONSEQUENCE OF: STIVE HERA CONSEQUENCE OF:		
A TOK CONTRIBUTING I CALLER OF	HICH OPERATION PLACE OF INJURY (e.g., in office of form, foctory, street, office of the control	20A. AUTOPSY? (Yos or No) Or obout 21 C. WHERE DID to bldg., INJURY OCCUR?	20B. IP YES, WERE FIN IN CERTIFYING CAUSI (If In Boltimore C	IDINGS CONSIDERED ES OF DEATH? City, give exact location)
DEATH (notify medical examines) 21D. TIME (Monthi 1Day) 1Year (Hous) 21E. While (APPROX.) 22. 1 certify that (1) (this hospital) attended the that (1) (we) last saw the deceased alive on and haur and fram the causes stated above. (1) 23A. SIGNATURE Alexandre	e At Not While At Work e deceased from TAN 10 (We) (We) Attended Phys.	21F. HOW DID INJU 21F. HOW DID INJU 19 19 19 19 ond that we the bady after death.	ZO to VAA	in death occurred on the date
23G.PHYSICIAN'S NAME (Type)	DEGREE	MERCY HO	SPITAL	
ALITTO VAL COPECHY	ME of CEMETERY OF CREM Thedral Ceme	tery Fre	derick Rd.	
JAN LO BYY VOCES & PERSON A	Pa, 0 0 0	Mi Ochell-Wie		ne 6500 York Rd



C-623 70 00525 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
****		CENTILICATE	OI DEATH

10000	70	00525
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BIRTH NC.		MED	ICAL	EXAMINER'S	LEKIIF	ICATE O	F DEAT	H REG. N	0	100	6.0
I. NAME OF DE					2. DATE	Known 🔲	Month	Doy	Year	Hour	
(Type or Print) RUTH H. CHRISTOPHER					OF DEATH	Estimoted [3				
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						Month	Doy	Yeor	Hour	м.
HOSPITAL	(IF NO	OT IN HOSPITA ESS OR LOCA	LORINST	ITUTION, GIVE STREET	PRON	DUNCED DEAD	Janua	rv 10.	1970	10:0	5 A.M
OR INSTITUTION					5. USUAL A. STATE	RESIDENCE (Wh	ere deceased liv	ed. If institut	tion; residence		
100	222 St.	Paul S	Stree	t, Apt.2204	A. SIAIE	Maryland		B. COUNT	Y .	401	
6. SEX	7. RACE		8. MARRI	ED NEVER MARRIED	C. CITY O			D. INSIDE	CITY LIMITS		
Female	Whit	e	WIDOW	ED DIVORCED		Baltimor	e		YES 🖎	NO 🗆	
9. DATE OF BIRT $1/13/1$		10. AGE (in lost birthd, ex	years	If Under 1 Yr. II Under 24 Hrs. Months Doys Haurs Min.	E. STREET	AND NUMBER 222 St.	Paul St	reet		20/1	
II. BIRTHPLACE	State or lareig	on country)		12. CITIZEN OF	13. FATHE	R'S NAME	Taul be	ICCL,	Apr. 22	.04	
Baltim				WHAT GOUNTRY?	Ca	rroll B.	. Hoffn	nan			
done during most of	IPATION (Giv working life, ev	e kind of work i		OF BUSINESS OR INDUSTRY				. 1			
				othing	Gr	ace I.	Bowerso	OCK			
16. WAS DECEAS	ED EVER IN)(If yes, give v	U.S. ARMED	FORCES:	7 I7. SOCIAL SECURITY NO.	18. INFOR	MANT	FL H		ADDRESS		
NO.				21/146904		Robert	Avery	129	Hopki	ns Rd	•
19. 5 7	1,81			CAUSE OF DEA	гн		13.13.13			PPROXIMATE !	
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/Th	LEADING TO			(A)IMMEDIATE C		atty meta	amorphos	is of	liver		
heart foilure	at meon the , asthenio, etc.	. Il meons the	disease.	DUE TO, OR A	S A CONSE	QUENCE OF:					
injury ar coi	mplicotion which	ch coused dea	ih.)								
	NTECEDENT			(B)							
DISEASES OF THE	OR CONDITION	ONS, IF ANY,	GIVING	(B) DUE TO, OR	S A CONS	QUENCE OF:					
I UNDEKLYII	NG CONDITI	ION LAST.		(c)							
일		11								************	
O THE DE	ATH BUT NOT CONDITION	RELATED TO 1	HE TERMI	NG NAL							
20A. DATE OF	POPERATION	1 20B. CON	DITION	OR WHICH OPERATION WA	S PERFOR	MED			21. AUTO	OPSY? (Yes	or No)
0 2		7								Yes	
UNDERLYING		TRIB-	2 h	2B. PLACE OF INJURY(e.g., some, form, lactory, street, office	n or about bldg., etc.)	22C. WHERE DID	(If In Boltimor	e City, give	exact location)		
Z 22D. TIME		Oy) (Year)	(Haur)	22E.INJURY OCCURRED		22F. HOW DID I	NJURY OCCU	IP?			
OF INJURY (APPROX.)				WHILE AT THE NOT	WHILE						
23.				n. WORK LAT W	ORK L						
1 cert	Ify that I he	eld an In	quiry [Inspection Aut	apsy X	and that on	this basis,	death in m	v online		
	ted fram: N		es 🗹	Accident Sulcid		omicide 🗌	Undetermin		-		
	B	11	1	1)		CHIEF MEDICAL			_		
SIGNATI		learly	J.	Jeste M.D.		STANT MEDICAL				DATE SIG	NĒD
EXAMIN NAME (1	ER'S	Charles	s S. S	Springate, M.D.	ASS	OCIATE MEDICAL	EXAMINER	□ J.	anuary	11, 19	70
24A. BURIAL CREA	MATION, 2	4B. DATE		24C. NAME of CEMETERY	or CREMATE	ORY 24D	LOCATION	(City, to	wn, or county) (Sto	te)
REMOVAL (Special Burial		1/13/7	0	Druid Ridge	Ceme	tery 1	Pikesvi		Balto		ld.
25A. DATE REC'D	BY HEALTH C	DEPT.	258. NA	ME OF REGISTRAR	25C.	FUNERAL DIREC	TOR		ADDRESS		
JAN 161	970	C. C.E.	Talle	y Rd	Mi	tchell T	Wiedef			00 Yc	rkfd
/S 151-REV. 1/1/68	3		1	/ U 0	0	J	Q	Ē	SALTO.	MD. 2	1212

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DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

NO

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Stole)

ADDRESS

Il Under 24 Hrs.

Galled Harber View Russing Home. address of deceased.

DIRECTOR:

FUNERAL

NO

ADDRESS same

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

US

If Under 24 Hrs.



24C. NAME of CEMETERY or CREMATORY

25B. NAME OF REGISTRAR

24D. LOCATION

25C. FUNERAL DIRECTOR

(City, town, or county)

ADDRESS

(Stote)

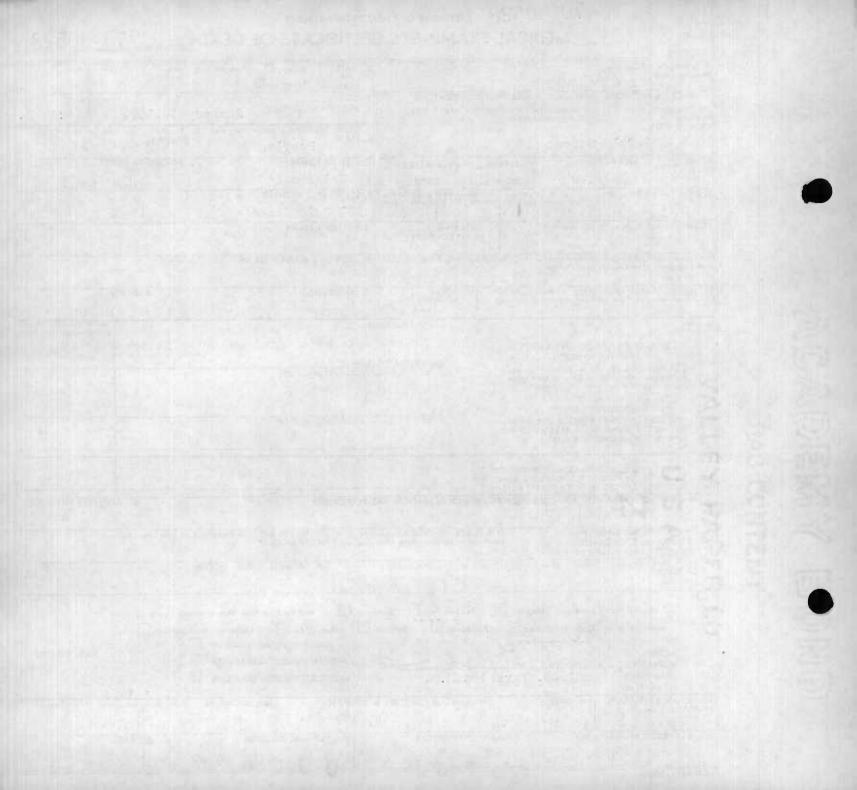
24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

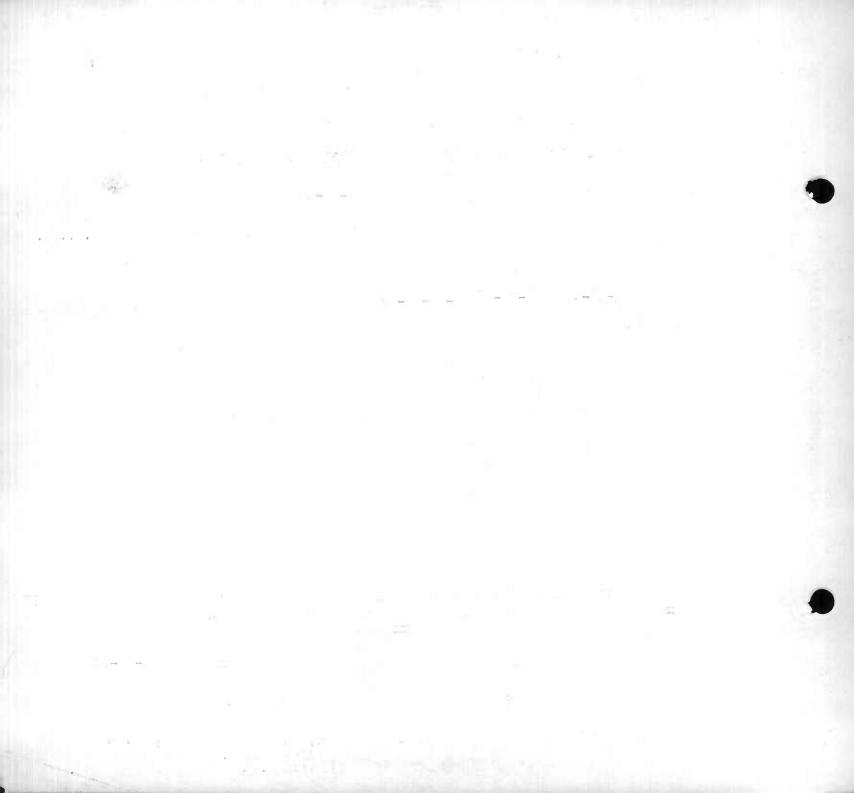
REMOVAL (Specify)

VS 151-REV. 1/1/68

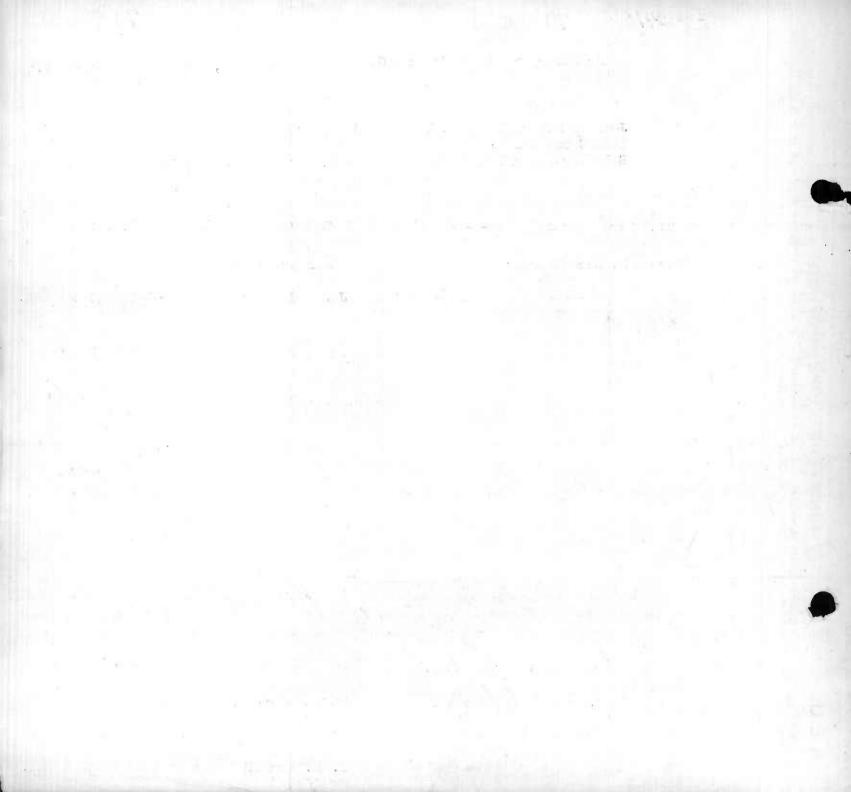
24B. DATE



1. Abe	NAME OF DECEASED PURDIE, Eddie Lee				2. DATE AND HOUR OF DEATH			
	. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			J4 JANUARY 1970 11:25 A				
				A. STATE MARTLA	B. COUNTY	MORE CI		
HOS	L NAME OF	ADDRESS OR LOC	AL OR INSTITUTION, GIVE STREET	C. CITY OR TO			ISIDE CITY LIMITS?	
1	2 20	CTERANS ADMIN	ISTRATION HOSPITAL	BALTIM	ORE		YES X NO	
d		OO LOCH RAVE		E. STREET AND NUMBER 3231 PRESSMAN STREET B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr If Under 2 Yr				
5. SE		6. RACE						
M	ALE	NEGROTD	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	9-10-0	9 last b	irthday)	Months Days Hours	
		UPATION (Give kind of war working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreign co	untry)	12. CITIZEN OF WHAT CO	
	ABORER			ELIZAB	ETHTOWN N	ORTH CAP	ROLINA U.S. A	
	PRIL P	URDIE						
					A MELVIN			
Yes	no or unknown	(If yes, give war or date 11-17-43 TO	of comical Commissions	17. INFORM AN	VA HOSPITA	AL RECOR	RDS	
	TWO	TT-T(#43 TO	17 -47 -40 -07 -00	3900 L			ALTO, MD 21218	
	18.) 6 2 1 1 CAUSE OF DEATH							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
		ol mean the mode of	dying, e.g., (A) IMMEDIATE CAL	USE CARCINOMA OF LUNG				
	heart failure,	osthenia, etc. It means	the disease,					
		ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:								
				A CONSEQUEN	CE OF:	~~~~~~		
	DISEASES C	OR CONDITIONS, if	ony, giving DUE TO, OR AS stoting The	A CONSEQUEN	CE OF:			
	DISEASES C	OR CONDITIONS, if e obove couse (A) G CONDITION last.	ony, giving DUE TO, OR AS	A CONSEQUEN	CE OF:			
NO	DISEASES OF THE CONTRACT OF TH	DR CONDITIONS, if o obove couse (A) G CONDITION last. 11 FICANT CONDITIONS CO	ony, giving (B) DUE TO, OR AS (C)	A CONSEQUEN	CE OF:			
ATION	DISEASES OF THE CONTROL OF THE CONTR	DR CONDITIONS, if be obove couse (A) G CONDITION [ast. GICANT CONDITIONS CO	ony, giving DUE TO, OR AS stoting The (C)					
ATION	DISEASES OF THE PROPERTY OF THE PEAT OF THE DEAT DISEASE OF CO.	DR CONDITIONS, if be obove couse (A) G CONDITION [ast. GICANT CONDITIONS CO	ony, giving DUE TO, OR AS stoting the (C)	20A. AUTOF		- 1F YES, WER	E FINDINGS CONSIDERED	
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AL CERTIFICATION	DISEASES CONTRIBLE OF CONTRIBLE	OR CONDITIONS, if a obove couse (A) G CONDITION last. II GICANT CONDITION 5 CO IH BUT NOT RELATED TO 1 ONDITION GIVEN IN PAI	ony, giving DUE TO, OR AS stoling the (C)	20A. AUTOF NO	PSY? (Yes or No) 20B		E FINDINGS CONSIDERED CAUSES OF DEATH?	
DICAL CERTIFICATION	DISEASES CONTINUE TO THE SIGNIF TO THE DEAT DISEASE OR CONTRIBUTE TO THE DEAT OF CONTRIBUTE TO THE TOTAL OF THE TOTAL O	OR CONDITIONS, if e obove couse (A) G CONDITION last. II EICANT CONDITIONS CO H BUT NOT RELATED TO 1 ONDITION GIVEN IN PAI F OPERATION PRESCRIPTION OF COURSE OF COUR	ony, giving stoting The (C) DITRIBUTING HE TERMINAL RT 1 (A). DITION FOR WHICH OPERATION FORMED 21B, PLACE OF INJURY (e.g., long, foctory, street, over etc.)	20A. AUTOF NO in or about 21C. V	PSY? (Yes or No) 20B	(It In Baltim		
AEDICAL CERTIFICATION	DISEASES OF THE PROPERTY OF THE DEAT DISEASE OF CONTRIBUTE	OR CONDITIONS, if e obove couse (A) G CONDITION dasl.	ony, giving stoting The (C)	20A. AUTOF NO in or about 21C. Injury	PSY? (Yes of No.) 20B IN WHERE DID RY OCCUR?	(It In Baltim		
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7	01/1			BALTIMORE CITY	HEALTH DEPARTMENT		The Court of	
上 ·	241	70	0053	CERTIFICA	TE OF DEATH	REG. NO	70 00530	
NAME (OF DECE	ASED				AND HOUR OF DEATH		
(Typo or Pr		Eichelber	ger 1	Miss Francis G				
3 PLACE	IN RALTI	MORE MARYLAND, V			U CLIAVA	ary 9, 1970	institution: residence before odmission)	
FULL NA	MEOF			ITUTION, GIVE STREET	Md.	UNTY	2716	
HOSPITAL	OR ON				C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
91		Jenkins Mem		Hospital	Baltimore E. STREET AND NUMBER		YES NO	
/ /		Baltimore,		nd 21220	1613 Park He	ights Avenue		
. SEX	[6	. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yt. If Under 24 Hrs. Months Doys Hours Min.	
Fema		White	WIDOWE	D DIVORCED	Nov. 101878	lost binded y 91	Months Doys Hours Min.	
			10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	ploign country)	12. CITIZEN OF WHAT COUNTRY	
F	Regist	tered nurse	-		Libertyto	wn, Md.	U.S.A.	
3. FATHE	R'S NAM	E			14. MOTHER'S MAIDEN N	AME		
		H. Eichelbe			Emma Brito	her		
Yes, no or u	unknown) (vor in U. S. Armed Fo If yes, give wor or dote	rces? es of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		AODRESS	
2	10			216-54-3381	Jenkins Mem	orial Hospit	Baltimore, Ma. Ave.	
1B.	1000	-0.1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL	
0	DISEASE	OR CONDITION DI	DECTLY				BETWEEN ONSET AND DEATH	
		EADING TO DEATH	KECIET		7 4		60 his	
(This	does no	t meon the mode of	dying, e.g	(A) IMMEDIATE CAL		ula	7.5 8.63	
	(This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heori foilure, osthenio, etc. Il meons the diseose, injury or complication which coused death,)							
injury				0	11 1	C	2 /	
	Al	NTECEDENT CAUSES		(B) U.	U. Infect	2100	idaxs.	
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:						,	
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OND	EKETTIVO			(C)				
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E TO TH	IE DEATH	BUT NOT RELATED TO	HE TERMINA	AS	CVD		Yeavs	
		NOTION GIVEN IN PARTIES TO PERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES WEDE	FINDINGS CONSIDERED	
194.0	AIE OF C	WAS PER	FORMED	WHICH OFERATION	WOLDLALL (162 OL	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?	
21A. A	CCIDENT	WAS UNDERLYING	7 12	IR PLACE OF INTURVIOR	n or about 21 C WHERE DID	(If in Dalay	City give event leaders	
OR CO	ONTRIBUT	TNG CAUSE OF	he	ome, form, loctory, stroot, o	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Bollimo	ore City, give exect location)	
0 21 D. TI	IME (Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW OID II	NJURY OCCUR?		
OF IN			V	Vhile At ☐ Not Whil	e C			
(APPRO	O X.)			Vork L At Work				
22. 1	certify t	hat (1) (this haspita	l) attended	the deceased fram	18/4	19 67 to	1/7 1970	
that ((I) (we) I	ast saw the decease	ed alive an		9 19 70 and		pinian death accurred an the dat	
							and the day	
			rea abave.	π (πe) (did) (did net) ν	view the bady after death	n.	DATE CICHED	
23A. \$1	IGNATUR	10	1 0	11 1	ending Med.	Shaff	23B, DATE SIGNED	
	L	Raymon	d I	la le Chores Phy		Staff Phys.	110170	
23 C. PI	HYSICIAN	's	-		23D. ADDRESS			
	AME (Typ	Parcieran	161	ad a	1000 Ca	Con di		
AA. RIIPI	AL CREAT	ATION, 24B. DATE	0-6	NAME of CEMETERY OF CR		LOCATION (City, town, or county) (State)	
REMO	OVAL (Sp	ecify)	7 70					
Bı	urial	13 JAN	170 L	oudon Park C	emeteryo LE	altimore, N	Maryland	
SA. DATE	E REC'D	Y HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECT	OR James	ADDRESS	
JA	WID	1970 Valer	E. Visi	Say Pell C	J. Er Low	071 100/1/11/0/	4611 Park Hghts.	
			11 14		1 2 2 2 3 M	7 2 2 1 1 1 1 1 1 1	TOTT TOTK HELIED.	



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

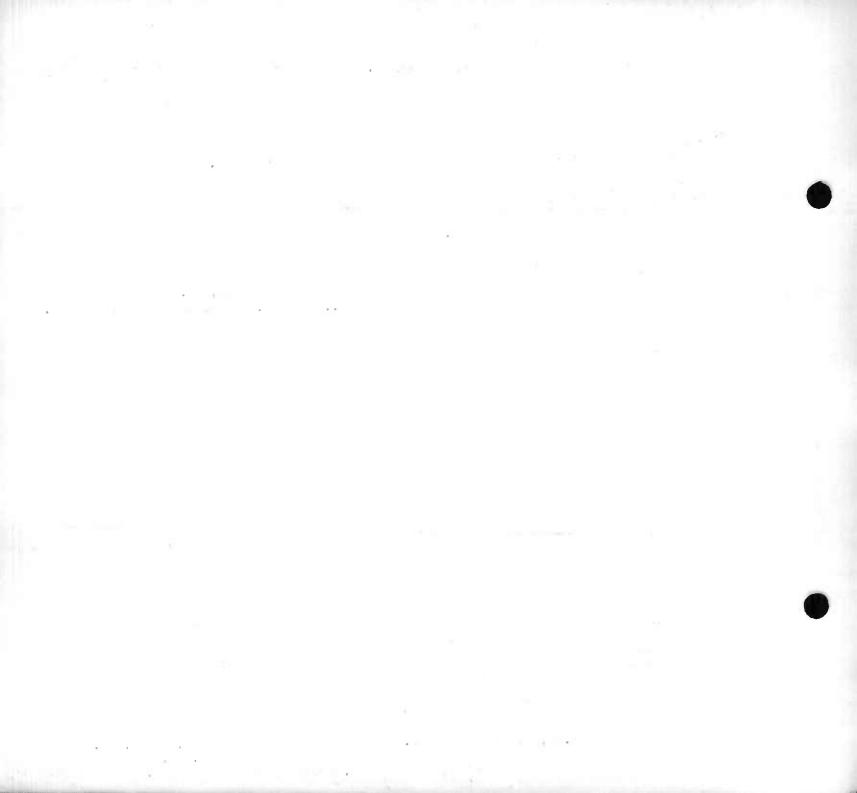


FUNERAL DIRECTOR:

V-420	BALTIMORE CITY	Y HEALTH DEPARTMENT	70 00529
BIRTH NO.	0 00532 BALTIMORE CITY CERTIFICA	TE OF DEATH REG. NO.	70 00532
(Tuna as Birst		2. DATE AND HOUR OF DEAT	H
VELJKO, EMMI		1/17/70	11 DM
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II	institution: residence before odmission
FULL NAME OF (IF NOT IN HOSPITH	AL OR INSTITUTION, GIVE STREET	MARYLAND	2102
			NSIDE CITY LIMITS?
ST. AGNES HOSPITAL,	WILKENSECATON	BALTIMORE	YES X NO
AVENUES, BALTIMORE,	MARYLAND 21229	E. STREET AND NUMBER 1316 JAMES ST. BALTO	.,MD.21223
5. SEX 6. RACE	7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	
FEMALE WHITE	WIDOWED DIVORCED	10/23/18 lost birthdoy 51	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work done during most of working lile, even if retired)	108 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		GERMANY	U.S.CITIZEN
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
GORNN PLOSS		ANNA DALBLOD DI COO	
15. Was Deceased Ever in U. S. Armed Ford (Yes, no or unknown) (If yes, give wor or dates	es? 1 6. SOCIAL	ANNA RALRLOD PLOSS	
NO			ADDRESS
118.	214-38-4901	ST AGNES HOSPITAL, WIL	KENSECATON AVENUE
1/4/	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY Disslan	inded Carainn	
(This does not mean the made of	dving (A) IMMEDIATE CAU	SE	2 Jen
heart failure, asthenia, etc. It means injury ar camplication which caused	the disease	A CONSEQUENCE OF:	
ANTECEDENT CAUSES	Rt -	Seart Carcinon	
DISEASES OR CONDITIONS, if a	(B)	star Carciasti	ra l
rise Ia the abave cause (A) UNDERLYING CONDITION last.	slaling the (C)	A CONSEQUENCE OF:	
11	(9)		
OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	1 (Δ).		
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1994. DATE OF OPERATION 1995. CONDITION WAS PERFORMAN	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in	IVO	
DEATH (notify medical examiner)	home, form, foctory, street, off	ice bldg., INJURY OCCUR?	ore City, give exect location)
21D.TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Work Not While At Work		
22. I certify that *() (this hospital)			
that (1) (we) last saw the deceased		The state of the s	ARY 17 19 70 Unlan death accurred an the date
and haur and fram the causes state			minum death accurred an the date
23A-SIGNATURE			23R DATE SIGNED
Cauco M. Or	DEGREE Phys.	ding Med. Staff Phys.	11-18-70
23C. PHYSICIAN'S NAME (Type)	(2)	3D. ADDRESS	0100
DR.CARLOS ORBEG	OS O DEGREE	CATON & WILKENS AVW AL	21229
A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CREA	AATONY	ity, town, or county) (Stote)
BURIAL JAH21-	70 HOLY TRINITY	CEM. ELKRIDGE	, , , , , , , , , , , , , , , , , , , ,
	ISB. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	A DD0055
S 150-REV. 1/1/68		THE DIPPEY BROS MC 1800	E LUMBARD SI
- 1 116 78 17 17 UU			

the second second second

M-324 70 00533 BALTIMORE CIT	Y HEALTH DEPARTMENT Y DES NO. 70 00533
BIRTH NO. CERTIFICA	ATE OF DEATH X REG. NO. 70 00333
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Pan) itchell, mr. 11) elliam:	R. (411, 13 1970) 7 45
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN AD INSIDE CITY LIMITS?
	Baltimare M. YES P NO 1
Bon Secoms Hispetie	E. STREET AND NUMBER (927 Vanderwood Rd.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH ID AGE (In second I William S. W. (C.)
Male Whate WIDOWED DIVORCED	6/19/05 last birthday 4 Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY?
Returned Laundry Co.	With menics 11.5
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William mitcheso	addie George
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Catonsville, Md. 21228 ADDRESS
2/5-03-620	
18. CAUSE OF DEAT	A APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE HRIERIO-SclePotic heart disease - Vears
near tailuie, asinenio, etc. Il means the disease,	A CONSEQUENCE OF:
injury at camplication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
- OR CONTRIBUTING CAUSE OF home form foctory street	n or obout 21C, WHERE DID (II in Baltimore City, give exact location)
21D. TIME (Manth) (Day) (Year) (Haud) 21E, INJURY OCCURRED OF INJURY While At Day Not While	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work At Work	
22. I certify that (1) (this hospital) attended the deceased from	12-26-1969 to 1-13-19/0
that (1) (we) last sow the deceased alive an	and that in (my) (our) opinian death accurred an the date
and have and from the causes stated above. (1) (We) (dld) (dld nat)	
23A. SIGNATURE	23B, DATE SIGNED
Clano a land M.O. DEGREE Phy	anding Med. Staff Director Phys. D
	23D. ADDRESS
Velavio H. IZUIZ MA	Bon Secont Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION (City, town, or county) (State)
Burial Jan.16,1970 Oaklawn Cem.	
25A. DATE REC'D SY HEALTH DEPT. 25B. NAME OF REGISTRAR	Eastern Ave. Balto. Md.
INN 1 9 1970 Pabert & Santer, M.D.	G. Truman Schwab 5151 Balto. National Pike
VS 150-REV- 1/1/68	1-10- Marion STAT DOTION MACHONIST LIKE



V - 02			BALTIMORE CITY	HEALTH DEPARTMENT		Ma Dosa
7-500	70 0	0534	CERTIFICA	TE OF DEATH	REG. NO.	70 00534
BIRTH NO. 1. NAME OF DECEASED				2 DATE	AND HOUR OF DEATH	
(Type or Print)	~				uary 14, 1970	
Ruth		, Ki				nstitution: residence before odmission
3. PLACE IN BALTIMORE	MARYLAND, WE	IERE PRONOU	NCED DEAD	A. STATE B. CO	OUNTY	A strutton: residence before damission.
FULL NAME OF (IF	NOT IN HOSPITA	L OR INSTITUTION)	TION, GIVE STREET	Maryland c. CITY OR TOWN	Baltimor	TOPE CITY LIMITS?
20				Baltimore	0	YES NO X
House in the	Pines Be	lvedere		6404 Liberty		207
. SEX 6. RAC	E ;	MARRIED [NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Male W	hite	WIDOWED	DIVORCED	9-11-1901	last birthdoy) 68	Months Doys Hours Min.
		IOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	loreign country)	12. CITIZEN OF WHAT COUNTRY
one during most of working						
Maint.Supe	visor			New Freedon		USA
FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
317 1 61 . 1 .1	C	Vice ~		LIamma!	TT:4 =	hools
Winfield	S. U. S. Armed Fore	King	1 6. SOCIAL	Hannah	Hitc	hock
S. Was Deceased Ever in (es, no or unknown) (If yes	, give wor or dotes	of service)	SECURITY NO.	THE SAME AND A STATE OF THE STA		
NO			139-10-9323	J Hivenhaug	h - 6404 Tibe	erty Road 21207
1B	1		CAUSE OF DEAT		T OTOT TING	APPROXIMATE INTERVAL
571.0	CONDITION DIR	CTLV		Splicen	14 ruch	BETWEEN ONSET AND DEATH
	CONDITION DIRI	ECILY		1,1		11000
(This does not mee		duine en	(A) IMMEDIATE CAL	ISE endo traci	Chock	1609
heart failure, asthen			DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication			2 /		· land-	1da.
ANTEC	EDENT CAUSES		acut	2 renewy	welcom	- 12 day
			(B)		k'	
DISEASES OR CO			DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the abo		slaling the	(a)			
ONDERCTING CON	IDITION 10SI.		(C)			
	- 11					4000
OTHER SIGNIFICANT			The b.	mouns des	eare	syrs.
TO THE DEATH BUT DISEASE OR CONDITI			Variation			
	ATION 198. CONE	DITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes o	No) 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPER	WAS PERF	ORMED	une	have	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WA	S LINDER! VINCE	1215		a or about 21C WHERE DU	D Bi to Dali	co City who areas largetters)
OR CONTRIBUTING		home	e, form, foctory, street, o	n or about 21C. WHERE DI	(If In Boltimo	re City, give exact location)
DEATH (notify medical		etc.)	une		none	
21 D. TIME (Mont	h) (Doy) (Year)	(Hour) 21F	INJURY OCCURRED	21F, HOW DID	INJURY OCCUR?	
OF INJURY	100// (160//					
(APPROX.)		Whit	e At Work			
00 1 11 1	1) /.1 . 1		A	4 . 4 7 41	10/7 A	n 14 1970
22. I certify that (I) (t hin heepit al)	attended th	e deceased fram	come 20	1967 to	19/0
that (1)-(we)-last s	aw the deceased	d alive an	Jan 141	19 70 and	d that in (my) (our) op	Inlan death accurred an the do
		6		riew the bady after dea		
	the causes state	ea abave, (I)	(mercora) (ala not) v	new the bady after dea	in.	OOR BATE SIGNED
23A. SIGNATURE	1.	-1			10.1	23B. DATE SIGNED
1000	4 Co	Lin n	Atte	nding Med.	Staff Phys.	1-16-70
23C PHYSICIANES	buy	Jonna	- DEGREE	23D. ADDRESS	1 117 5	
NAME (Type)	6			ADDRESS	1 100	1201 - 12
ansi 1	12-1 70	Xin	On and	1401 Keisle	es town Rd	Frele 2126 offer
4A. BURIAL ORFMATIO	N. 24B. DATE	ZAC NA	ME of CEMETERY OF CR		D. LOCATION (C	City, town, or county) (State)
4A. BURIAL CREMATIO REMOVAL (Specily)	240. 57.19	9.0.14	THE OF CENTELLY OF CK	24	. LOCATION (C	, or county (Sinter
Burial	1-17-70	Mar	yland Line C	emeterv	Maryland Line	e, Maryland
5A. DATE REC'D BY HE	**	25B. NAME O		25C. FUNERAL DIREC		ADDRESS
THE RESIDENCE	0000	7.0	2			
DIEL STATE	Justell E.	Janoes A	M. () ()	Armacost Fi	ineral Chapel	1-4600 Liberty Hts
/S 150-REV. 1/1/6B		1		0 0 0		

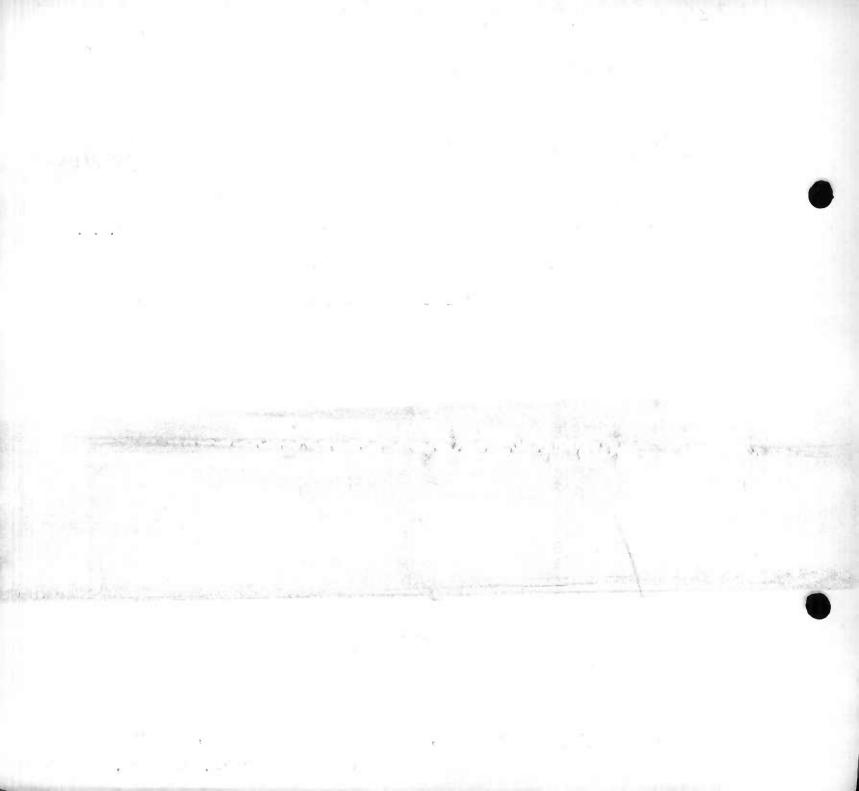
COMPANY OF THE PARTY OF Victor Asset of the State of th the second track as a second second second second 1 I Black H. H. Charles to be a fill one point of the property of the party of the pa

FUNERAL DIRECTOR:

BALTIMORE CITY	HEALTH DEPARTMENT
ナーム・/ つ PO 0.0 PO PO PO PO PO PO PO P	TE OF DEATH X REG. NO. 70 00535
BIRTH NO. 1. NAME OF DECEASED	
TYPE FORREST, ANNA LAWSON	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	JANUARY 15, 1970 2:30 A.
WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: residence belora admission. A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND BALTIMORE COUNTY 33
INSTITUTION ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
ST AGNES HOSPITAL	BALTIMORE YES NO M
J Adres Host TAL	E. STREET AND NUMBER
40	1503 PARK GROVE AVENUE
	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., 11 Under 24 H
FEMALE WHITE WIDOWED DIVORCED	12/06/89 lost birthdoys Months Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote at foreign country) 12. CITIZEN OF WHAT COUNT
dule during mast of warking life, even if refired)	
HOUSE WIFE	MARYLAND U.S.A.
W FAIRER 3 NAME	14. MOTHER'S MAIDEN NAME
WILLIAM PRICE DECID	,
5. Was Deceased Ever in U. S. Armod Farcos? 16. SOCIAL	17. INFORMANT RECORD'S BALTIMORED 2122
NO SECURITY NO.	OT ACUES HOODITAL
18. CAUSE OF DEATH	The state of the s
440.41	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying e.g. (A) IMMEDIATE CAUS	
heart lativie, ashenia, etc. It means the disease	CONSEQUENCE OF:
injury or camplication which caused death.)	- 0 -0 .1
ANTECEDENT CAUSES	sled treat failure
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last.	ndein's couliful
(0)//	······································
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	****
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO IN CERTIFTING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INTURY (e.g. le	or should C WHERE DID
OR CONTRIBUTING CAUSE OF home, form, loclory, street, offi otc.)	co bidg., INJURY OCCUR?
OF IN LIEV	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	
22. I certify that (1) (this hospital) ottended the deceased from JAN	WARY 12, 1970 to JANUARY 15, 1970
that (0 (we) lost saw the deceased alive on JANUARY 15.	
ond hour and from the causes stoted above. (IX (We) (did) (A) (A) (A) (23A, SIGNATURE	aw the body after death.
	23B, DATE SIGNED
(allo) M. Valle goo, DEGREE, Phys.	ding Med. Staff All Med. Director Phys. C
	SD ADDRESS
	BALTIMORE MD 21229
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	T AGNES HOSPITAL WILKENS & CATON AVE
REMOVAL (Specify)	
Burel 1/17/70 URPEN/Aun (AATORY 24D. LOCATION (City, town, or county) (51gle)
Durial 1/17/70 URCENLAWN C	AATORY 24D. LOCATION (City, town, or county) (51gle)
SA. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	AATORY 24D. LOCATION (City, town, ar caunty) (Sigle)
JAN 19 1970 LOSE & Value OF REGISTRAR	CAMBRIDGE Md.

A 4 00 A 2220 0

H-622 70 00536 BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO.	ATE OF DEATH REG. NO. 70 00536	
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	1-14-70 9:20Pm	
	A STATE 8. COUNTY	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	ma. X41	
1/	C. CITY ORTOWN D. INSIDE CITY LIMITS? YES NO	
B7///erry Hackital.	E. STREET AND NUMBER	
1103019	1 3101 Clixtmont Ave	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 10-30-93 9. AGE (In yeors 11 Under 1 Ye. If Under 24 Hrs. Months Doys Hours Min.	
IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Greign country) 12. CITIZEN OF WHAT COUNTRY?	
Retired Salesman	Maryland U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George W Hardesty	Martha Chester	
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
No 212-12-1449	Mrs Edna Hardesty Same	
18-24 16.9 CAUSE OF DEAT	A CUTE Myoccuded Infante BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	oralizated a	
(This does not meen the mode of dying an (A)IMMEDIATE CAUSE		
heort failure, asthenio, etc. It means the disease, injury or complication which coused death.)	P	
ANTECEDENT CAUSES	ASHD	
DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS A CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A)		
OISEASE OR CONDITION GIVEN IN PART 1 (A).	20A-AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., I home, form, foctory, street, of pearth (notify medical examined)	in or about 21 G, WHERE DID (If In Baltimora City, give exact location)	
O I		
S OF INJURY (APPROX) While At Not While	21F. HOW DID INJURY OCCUR?	
Work At Work		
22. I certify that (1) (this hospital) attended the deceased from		
and haur and fram the couses stated above. (I) (We) (did) (did net) v	The state of the s	
23A SIGNATURE	23B, DATE SIGNED	
Phys	anding Med. Stoff Phys.	
102C BUYCLOLASHA	23D. ADDRESS	
BAYANI L. MANALO, M.D. DEGREE		
REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of CRE		
Burial 1/19/70 Baltimore, M	Baltimore, Maryland	
JAN 19 1970 Color & Jan 19		
JAN 19 1970 Res E. Jaker M.D. Leonard J. Ruck Inc. Baltimore, Maryland		



FUNERAL DIRECTOR: IMPORTANT

1	0)-455		HEALTH DEPARTMENT		70 00500
		537 CERTIFICA	TE OF DEATH	Registered Na.	70 90037
M.E	AME OF DECEASED	.)		D HOUR OF DEATH	
	De or Print) Taco & E. W	lliams	1/1	5/70	14:00 P
3. F	PLACE OF DEATH IN BALTIMORE, MARYLANI	D			nstitution: residence before admission
			A STATE B. COUN	TY	2722
- 1	FULL NAME OF (If not in hospital or instit oddress or location)	lution, give street	C. CITY OR TOWN (If out	aida aitu fiadta uulta	RURAL ond give township)
	Nawland General	Mospital	7 11	. 0. 1	ROTAL ond give township)
XI		1	D. STREET ADDRESS A (If	rurol, give location)	1
1	Baltimore, Many		2807 AI	Isa Av	
5. 5		ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost bistheley)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 108, KI		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
Su	e during most of working life, even it retired) IPOTVISOR CLORICAL	Retired	TIL		WHAT COUNTRY?
	FATHER'S NAME		14. MOTHER'S MAIDEN NA		MSA
130	Hugh F. Williams		14. MOTHER'S MAIDEN NA	Unknown	
	HART T MTTTTGIIIS		()	J BARLBAU EURI	
	Was Deceased Ever in U. S. Armed Forces? s.ng. or unknown) (If yes, give wor or dates of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Ves	217-16-516	Mrs. Irene C.	Williams	Same
		CAUSE O			INTERVAL BETWEEN
	410,9	CAUSE O	DEATH.	1	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	N.A.	121 211	fam. dia	54.
	(This does not mean the mode of dying,	e.g., DUE TO	Jocandiai 10	INNCTION	0 000
	heart failure, asthenia, elc. Il means the di injury or complication which coused death.	seose,	Ventricul	and. 1.	1
	ANTECEDENT CAUSES	(B)	SCVD	rachi	carried bay
		DUE TO			Λ.
	DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting		ASCI	JD	Many Jean
	UNDERLYING CONDITION lost.	(C)			
	ll -				1
O	OTHER SIGNIFICANT CONDITIONS CONTRIL				1 2/2/
ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE Dep	ticemia		(Olay
FIC	19A. DATE OF OPERATION 19B. CONDITION		20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED
CERTIFIC	2 /		Yes	CERTIFIENG CA	COSES OF DEATH!
_	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218, PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimor	re City, give exact location)
	21 D. TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
MEDI	OF INJURY (APPROX.)	While At Not While			
		Work At Work			
	22. I certify that (I) (this hospital) atter	ided the deceased fram		9to	19
	that (I) (we) last saw the deceased aliv				
	ond hour and from the causes stated abo				
	23A. SIGNATURE	/	,		23B, DATE SIGNED
	11		nding Med.	Stoff 1	1115170
	23C. MYSICIAN'S	Phys		Phys. P	111311
	NAME (Type)		23D. ADDRESS	1	1 1 1
	Stuart V. Gr	andic. M.D.	Mary land C	eneral	Mospital
24A	REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (C	ity, town, or county) (State
	Burial 1/20/70	Baltimore Natio	nal Cemetery R	altimore Ma	rtland
25A		ANTE OF REGISTRAR	25C. FUNERAL DIRECTOR	AT OTHER PLA	ADDRESS
	JAN 19 1970 Case & &	Like At B		ck Inc. 530	5 Harford Rd. 212
	Cillian a landing and and and		010 5 3 6		•
	150-REV 1/1/65				

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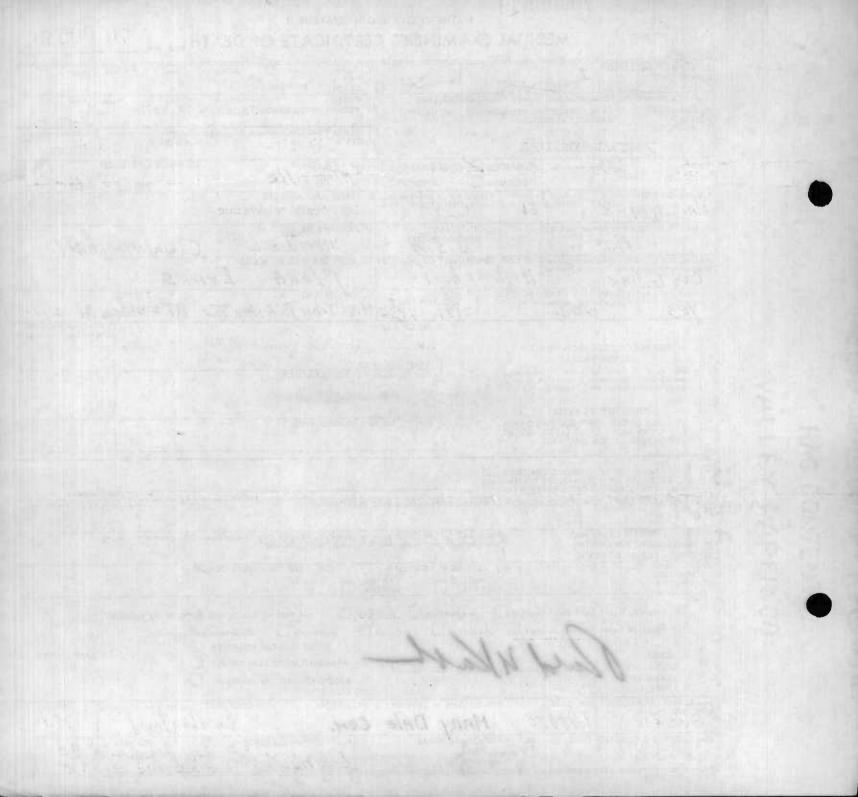
TELLY TO GOTTO BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH REG. NO. 70 00538
I MANAGO DECENCED
(Type or Print) 18 10 15 P
TOTAL CONTRACTOR STATE OF THE S
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYAN) BAHIMORE 1772
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION D. INSIDE CITY LIMITS?
The same of the sa
UNIVERSITY OF MARYIMAN VEST NO LE. STREET AND NUMBER / Martora VEST NO L
138 HOSPITA 6126 MARKETA ROAD
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 07 9. AGE (in yeors lost birthday) 6. Page (in yeors Doys Hours Min. 1 Under 14 Hr. 1 Under 14 Hr. 1 Under 15 1 Under 15 1 Under 16 1 Under 16 1 Under 17 1 Under 17 1 Under 18
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BRITHPLACE (Stote or foreign country)
done during most of working file, even if retired)
LUTER VIEWER Comployment Security Tennsylvania. USA
13. FATHER'S NAME
William Woods Packal David
15. Was Deceased Ever in U. S. Armed Fores? 16. SOCIAL 17. INFORMANT ADDRESS
15. Was Deceased Ever in U. S. Armed Forees? (Yes, no or unknown! [Uf yes, give war ar doles of service! SECURITY NO. 17. INFORMANT ADDRESS
No 203-18-5038 Mr Shewell R Triplett Same
18. APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY
the man and a second to the se
(This does not mean the mode of dying, e.g., head follows ashering
heart foilure, osthenio, etc. It means the disease, injury at complication which coused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
HADERI VINC CONDITION A SIGNING INC
UNDERLYING CONDITION [ast, (C)
z II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
DISEASE OR CONDITION GIVEN IN PART 1 (A).
19A. DATE OF OFERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ELICIATION DEALN TOWING
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID (i) In Buildingto City, plus exect location)
OR CONTRIBUTING CAUSE OF hame, farm, factory, street, office bldg., INJURY OCCUR?
S OF INJURY
(APPROX.) While At Work No! While At Work
22. I certify that (I) (this hospital) attended the deceased from 1909 to 1909 to
1) // /
that (1) (we) last sow the deceased alive and the dat
and haur and from the causes stated above. (i) (We (did) (did nat) view the bady after deoth.
23% SIGNATURE 238, DATE SIGNED
Director Phys.
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
24A, BURIAL CREMATION 248, DATE 24C MAAAE - CEAATTERY - CREATERY
REMOVAL (Specify) (Store)
Baltijore, Maryland
OSA DATE RECID BY WEATHER
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS.
JAN 19 1970 Rober E. Jacks A.D. 125C. FUNERAL DIRECTOR Leonard J. Ruck Inc Baltimore, Maryland



C-552 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70	0053	

B	RTH NO.										REG. NO.		
	NAME OF DEC	EASED	T.					2. DATE	Known 🔲	Month	Doy	Yeor	Hour
1	_	AMUEL	CUNNI	NGHAN	М			OF DEATH	Estimoted				
4.	PLACE IN BALT					INCED DEAD	_	3. DATE		Month	Doy	Yeor	Hour M.
H	ILL NAME OF	(IF NO	TIN HOSPITA	LORINS	OITUTIT	N, GIVE STREET			INCED DEAD J	anuary	14,1970)	7:00 A. M.
0	NOITUTITZAI S							5. USUAL R	ESIDENCE (Where	decessed i	ived. If institution	residence	before odmission)
L	76 LUI	HERAN	HOSPIT	AL				A. STATE	Maryland		B. COUNTY	Ba1	timore
6.	SEX	7. RACE		B. MARE	RIED	NEVER MARRIED	, [C. CITY OR	TOWN		D. INSIDE CIT	- *	
	Male	White		WIDOV		DIVORCED	-	CATON	sville				NO
	DATE OF BIRTH	708	10.AGE (in	81	If Unde Months	Doys Hours	Hrs. Min.		nd NUMBER radise Av	enue			53-00
11.	BIRTHPLACE (SI	Md i	n country)		4	IZEN OF		13. FATHER'	AMUEL AMUEL	,	CILNI	VING	ham
14/	LUSUAL OCCUP	ATION (Give	kind of work	4B. KIND	OF BU	SINESS OR INDU	ISTR	15. MOTHER	S MAIDEN NA	ME	Coron	1,101.	14.1
301	e during most of w	orking lile, ev	an It refired)	17191	h 50	-hoo/		F	LORA	FU	ans		
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCES	52 11	7. SOCIAL		18. INFORM	LANIT	L- V	77103	DRESS	
(Ye	s, no or unknown)	(Il yes, give w	or or dates	ol service)	SECURITY NO.	-9 ,-	Mrs. Jo	. 1 - 4	bo T	RTZh	. 3	01 01602
-	119.	- IV	11 -44-			217-10-49 CAUSE OF	36 DEA		11/ 15/ 17/00	EK ION	11/20	177.7.1.7.3	PROXIMATE INTERVAL
	410	2.41										BETW	TEEN ONSET AND DEATH
		OR COND	ITION DIREC	CTLY		Artei	ric	sclerot	ic Cardio	vascu)	lar Disea	se	
	(This does no			ing. e.g.		(A)IMMEDIA							
	heart follyre,	osthenio, etc.	It meons the	disease.		DUE IO,	OR A	S A CONSEQ	UENCE OF:				
	Injury or complication which coused death.)												
		TECEDENT				(B)							
	DISEASES O	R CONDITION ABOVE CAL	DNS, IF ANY	GIVING		DUE TO,	OR.	AS A CONSEC	UENCE OF:				
z	UNDERLYIN	G CONDITI	ON LAST.			(c)							
은			II			(-/							
CERTIFICATION	OTHER SIGNI TO THE DEAT	H BUT NOT	RELATED TO	THE TERM	INAL								
ET.	DISEASE OR C	OPERATION	LIZOR CON	RI I (A).	COR WI	HICH OPERATION							
CE	DAIL OF	OI ENAMO	200. CON	MOIIION	FOR WI	HICH OPERATION	N WA	S PERFORM	ED			21. AUTO	PSY? (Yes or No)
AL	22A. FXTERN											ye:	S
MEDICA	UNDERLYING[RIB-		22B. PLA home, fa	CE OF INJURY (e.g., office	in or obout 22 bldg., etc.) IN	C. WHERE DID (Il in Boltimo	re City, give exac	locotion)	
	UTING CAU				1 1000								
	OF INJURY	lonth) (D	oy) (Year)	(Hour		INJURY OCCURR			F. HOW DID INJ	URY OCC	UR?		
	(APPROX.)				m. WO		AT W	WHILE ORK					
	23.				٦.			527					
		y that I he		dulth [al Ir	spection	Aut	opsy X	and that an th	Is basis,	death In my c	pinlon	
	resulte	d from: N	atural cous	es	Acci	dent Su	IcId	e Hor	nicide 🔲 👢	Indetermi	ned manner		
						HIEF MEDICAL E	XAMINER						
	SIGNATU	RE	ald	M	1/1	all ha	M.D.	ASSIS	TANT MEDICAL EX	KAMINER			DATE SIGNED
	EXAMINE	R'SU R	ona 1d	N. Ko	rnb 1	um, M.D.			CIATE MEDICAL EX	CAMINER	П	1/14/	70
	NAME (Ty	pe)									Territ !	T/ T+/	
24. RE	MOVAL (Specify	ATION, 24	B. DATE		24C.1	NAME of CEMETE	RY	CREMATO!	24D. L	OCATION	(City, town,	or county)	(Stote),
	BURIAL	1	117/7	0	MI	ORY DAI	le	Cem,		Cur	1berlaw.	1	Md
_	A. DATE REC'D B	Y HEALTH D	EPT.	25B.N.	- / -				JNERAL DIRECTO			V	
J	AN 19 19	10	seel E.	adde	23 Ph	Q.		6	2 A 2A A	10 3	01 Fren	Ceres 1	FRd
				0 -	No. of Concession, Name of Street, or other Persons, Name of Street, or ot	1-0		16.3	Mackfall	5 R	alt ma	1. 717	28
VS	151-REV. 1/1/68				7				1				



The state of	BALTIMORE CITY HEALTH DEPARTMENT
TO LO L	CERTIFICATE OF DEATH REG. NO. 70 00540
Such the	1. NAME OF DECEASED
7. 0 0 0 E	PE/ER SAWECKE) 1-8-70 11:55 Am.
X Nogooo	A. STATE B. COUNTY
1 2 3 5 P	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NG C. CITY OR TOWN D. INSIDE CITY LIMITS?
1. 6. 20 E	CHURCH HOME + HOSPITAZ BALTIMONE YES NO
Ch Desper	15 100 N. BRONDARY ST E. STREET AND NUMBER 323 S. COLLINGTON ST. (31)
bull bull	5. SEX 6. RACE 7. MARRIED [8. DATE OF BIRTH 9. AGE (In yours If Under 1 YIL If Under 24 Hrs.
occur occur regul is ma	WIDOWED DIVORCED 5-17-88 last biglinday! Months: Days Hours Min.
the constant	10A, USUAL O CCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or or dairie	POLICE RET. Ma MS.A.
if dearer or (4) Unc was the d spositi	13. FATHER'S NAME 6 ED RGE SAWECKI' MAGALENA (AW TOWCKI')
- to	
Ssistan the deat deat	(Yes, na of unknown) (If yes, giva war at dates of service) SECURITY NO.
	18. SAUSE OF DEATH APPROXIMATE INTERVAL APPROXIMATE INTERVAL
APO o, if fan, nced endo	DISEASE OR CONDITION DIRECTLY
or hals	LEADING TO DEATH SE (A) IMMEDIATE CAUSE AUTE PET propositiony For him time
R:	haarl failure, asthenia, etc. Il means the disease, injury or camplication which caused death.
Frage Barring	ANTECEDENT CAUSES
Xarr Kam Why	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
3 (3) S a s	underlying condition last. (c) FX Ca C7 = D's Co C72 D's Co C72 D's
dical rns, sicio	
RAL medicular horizon was an w	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ADAMS-STOKES SYNOWARD
dy dy dy he he	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
FUN to ch by ca by ca to th phys	WAS PERFORMED . IN CERTIFYING CAUSES OF DEATH?
FU al by	21A. ACCIDENT WAS UNDERLYING 2 OR CONTROL AUSE OF DEATH (natify madical exomines) 21B. PLACE OF INJURY (a.g., in or obout 21C. WHERE DID home, form, factory, sheet, allica bldg., INJURY OCCUR? etc.) 4 DEATH (natify madical exomines) 21 B. PLACE OF INJURY (a.g., in or obout 21C. WHERE DID home, form, factory, sheet, allica bldg., INJURY OCCUR?
A S S S S S S S S S S S S S S S S S S S	
hosp atu pt (6)	S (ASSECUL) Dec 18 1969 While At No! While
y ne h	22. I certify that (I) (this hospital) attended the deceased from 12-18 1989 to 1-8 1970
and de	that (1) (we) last saw the deceased alive an 1-8 19 0 and that In(my) (aur) apinian death accurred an the date
2 0 0 5 2 3	and haur and from the causes stated above. (1) (We) (dfd) (dld nat) view the body after death.
ust be dent dent deat deat	23A. SIGNATURE 23B. DATE SIGNED
20.20	Affending Med. Staff Director Phys 1-8-70
rificate m y was rel (1) An acc 3.A. at a l ed prior to	23C. PHYSICIANS NAME (Type) RICADAD M. TUASCAD DO NO. RDOAD W. M. C. T.
A P A B B B B B B B B B B B B B B B B B	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMESTERY OF CREMATORY 24D. LOCATION (City, town, or county) IStated
od od D.O.	Burial 1/12/70 Holy ROSARY (Em. Baltimore ml.
This cer the bod shows: was D.C	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS? -
ませる 3 でき	JAN 1 9 1970 Best E. Jaben 40, 0 0 0 0 Rango course 7 7 2525 Heet St
	V3 130-KEV, 1/1/08

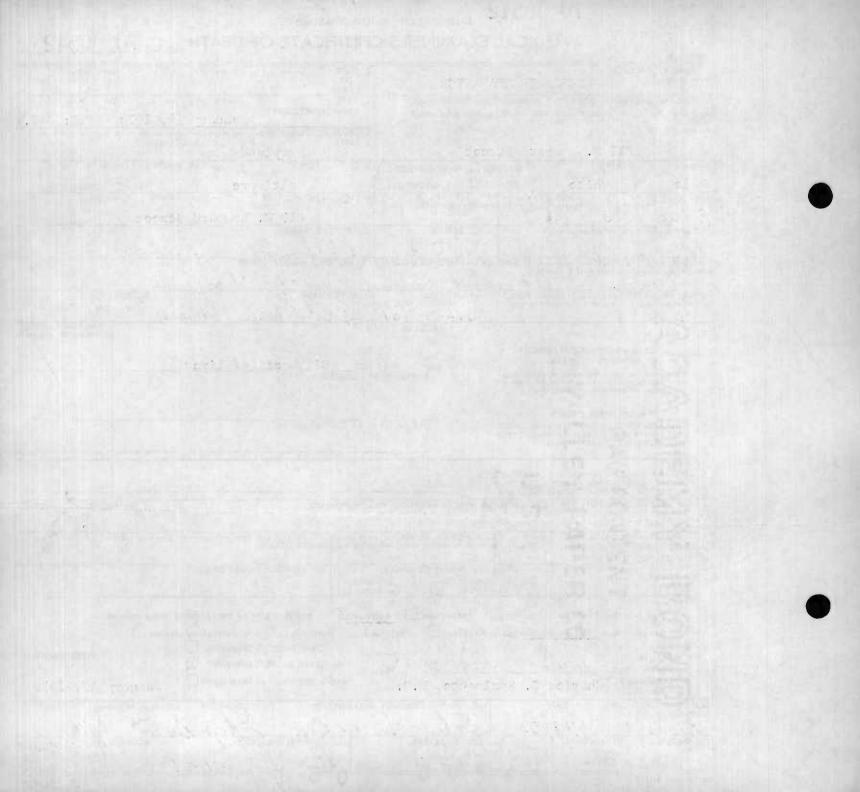


BI	3-536 70 0054	1	HEALTH DEPARTMENT	REG. NO	70 00541				
	NAME OF DECEASED VIRGIL / S	NYDER		ND HOUR OF DEATH	20				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR		115	170	1730 PM.				
FL	JLL NAME OF (IF NOT IN HOSPITAL OR II OSPITAL OR ADDRESS OR LOCATIONI		A. STATE B. COUP MARYLAND C. CITY OR TOWN	Balta	stitution; residence before admission				
	FUNION MEMORIAL	HOSPITAL	PHOENIX E. STREET AND NUMBER BLENHEM		YES NO				
	WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.				
10/	N. USUAL OCCUPATION (Give kind of work 108, KIN to during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign cauntry)	12. CITIZEN OF WHAT COUNTRY?				
	FARMER	Farm	Ohio		ass				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME - O					
	Henry A Su	uder	Laura	s Sh	Ma				
15.	Was Deceased Ever in U.S. Armed Forces? s, na arunknown) (If yes, give war or dates af serv	1 6. SOCIAL	17. INFORMANT	774	ADDRESS				
	A give war or agres at serv	0	FORME FAULTED						
-	18.	287-03-9086 CAUSE OF DEATH	KUBERT SIYYDER	, CANTON OF	110				
	DISEASE OR CONDITION DIRECTLY		~		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	LEADING TO DEATH		engestive He	east tail	u.				
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury ar camplication which coused death.)		SE CONSEQUENCE OF: LUY DU A CONSEQUENCE OF:		./>				
	ANTECEDENT CAUSES	Chis	us Lung De	2 × ASCO	\mathcal{D}				
	DISEASES OR CONDITIONS, if ony, gi	ving (B)	A CONSEQUENCE OF:	***********					
	INSE to the above couse (A) stating the								
	UNDERLYING CONDITION lost.	(c)			1				
MOLL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?				
CAL	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominet)	218. PLACE OF INJURY (e.g., in home, farm, factory, street, office)	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Boltimore	City, give exact locotion)				
MEDI	21 D. TIME (Manth) (Doy) (Year) (Haur) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW OID INJ	URY OCCUR?					
	22. I certify that (1) (this hasnisal attend	111 11011	76	- 70	115				
	22. I certify that (I) (this haspital) attended the deceased from								
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.								
	23A. SIGNATURE 23B. DATE SIGNED								
	Unne J. Led	dy DEGREE Phys.	ding Med. Director	Stoff Phys.	1/15/70				
	23C. PHYSICIAN'S NAME (Type)	23	ADDRESS		18 21				
244	BURIAL CREMATION, 24B. DATE 1240	DEGREE	MATORY 24D. LC	CATION (City)	to. Walt. Ind.				
>	MEMOVAL (Specify) 1-19-70	Verllaun	/	Se al land	town, ar caunty) (Stote)				
A	NOATH REDUCE HEALTH DEPT. 258 WAY	AL OF REGISTRAR	25C. FUNERAL DIRECTOR	1-	ADDRESS AL Kel				
/5	150-REV- 1/1/68	THE U	IN BOX YOU	orly / ows	on Joshan Med				

70 00542

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH #60, No. 70 5.42 NAME OF DECEASED BENJAMIN APANARICH DEATH BENJAMIN APANARICH DEATH Month Doy Year Hour Month Death Benjamin Month Doy Year Hour Month Death Benjamin Month Death Month Doy Year Hour Month Death Death	N. NAME OF DECEASED BENJAMIN APANARICH	P.M.
NAME OF DECEASED BENJAMIN APANARICH 2, DATE Name Non-	NAME OF DECEASED BENJAMIN APANARICH 2. DATE Month Doy Year Hour Top Print Hour Print Hour	P.M.
4. PLACE IN BAILTIMORE, MARYLAND, WHERE PRONOUNCED DEAD PULL NAME OF HOSPITAL OR INDIGETAL OR INSTITUTION OF MARKED No I continued of the c	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD PRONOUNCED DEAD PRONOUNCED DEAD ADDRESS OR LOCATION) 817 W. Lombard Street 817 W. Lombard Street 818 White Windows Divorces Male White Windows Divorces Male Windows Divorces Male Windows Divorces Maryland 9. DATE OF BIRTH On Age (in years) 10. AGE (in years)	P.M.
NOSPITAL ADDRESS OR LOCATION STORE ADDRESS OR LOCATION STORE A STATE S. USUAL RESIDENCE (Where decreased lived, it influsions residence belone admission) A. STATE Maryland B. COUNTY B. COU	A. STATE S. LOUNTY S. LOMBARD S. MARRIED NO NO NO NO NO NO NO N	
8. SEX S. RACE S. MARRIED NEVER MARRIED DIVORCED Baltimore S. COUNTY S. MARRIED DIVORCED Baltimore YES No 9. DATE OF BIRTH S. AGE WIDOWED DIVORCED Baltimore YES No 10. AGE (Including Including Inc	817 W. Lombard Street 6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN Male White Widowed Divorced Baltimore YES No 9. DATE OF BIRTH 10. AGE (In years Y Under 1 Yr. Under 24 Hrs. 10. BIRTHPLACE (Stote or foreign country) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY? 13. FATHER'S NAME WHAT COUNTRY? 14. USUAL OCCUPATION (Give hind of world 148. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED PORCES? (Yes, no or unknown)(If yes, give wor or doles of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follows, eit. If means the disease, injury or complication which coused death.) ANIECEDENT CAUSE DISEASES OR CONDITION S, IF ANY, GIVING RISE TO THE AGOVE CAUSING (A) STATING THE UNDERLYING CONDITION S, IF ANY, GIVING RISE TO THE AGOVE CAUSING (A) STATING THE UNDERLYING CONDITION S, IF ANY, GIVING RISE TO THE AGOVE CAUSING (A) STATING THE UNDERLYING CONDITION S, IF ANY, GIVING RISE TO THE AGOVE CAUSING (A) STATING THE UNDERLYING CONDITION S CONTRIBUTING DEATH OF THE FEMANAL DISEASE OR CONDITION S CONTRIBUTING CONDITION SON IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes of Yes)	3
Male White WIDOWED DIVORCED DIVORCED BALTIMOTE YES NO 9. DATE OF BIRTH 10. AGE (in years of budger) Yr, H Under 1 Yr, H Under 2 24 Hr. E. STREET AND NUMBER 11. BERTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME WHAT COUNTRY? 14. AUSUAL OCCUPATION (Greening of own) 148. KIND OF BUSINESS OR INDUSTRY 13. MOTHER'S NAME WHAT COUNTRY? 13. FATHER'S NAME WHAT COUNTRY? 14. AUSUAL OCCUPATION (Greening of own) 148. KIND OF BUSINESS OR INDUSTRY 13. MOTHER'S MAIDEN NAME WHAT COUNTRY? 14. AUSUAL OCCUPATION (Greening of own) 148. KIND OF BUSINESS OR INDUSTRY 13. MOTHER'S MAIDEN NAME WHAT COUNTRY? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL YNO SECURITY NO. 17. CAUSE OF DEATH CAUSE OF DEATH (This does not meen the mode of drying, e.g., because of service) 18. INFORMANT (This does not meen the mode of drying, e.g., long or own) SIES TO THE ABOVE CAUSE (A) STAING THE UNDER THE AUSUAL AUST AND AUST AUST AUST AUST AUST AUST AUST AUST	Male White WIDOWED DIVORCED Baltimore YES NO 9. DATE OF BIRTH 10.AGE (In years 10.1 Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER STREET AN	
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	SIGNATURE ASSISTANT MEDICAL EXAMINER	
	NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER January 15, 19	70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)		9)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FLINFRAL DIRECTOR ADDRESS DE LA LA COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DEL C	254 DATE DECID BY HEALTH DERT 1259 NAMED & BONKTON HAVEN THE DECID BY HEALTH DERT 1259 NAMED & BONKTON DECIDED OF THE PROPERTY	4
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a distribution of the same	VS 151-REV. 7/1/68	10.



written approval deceased

70 00543 :50 4. USUAL RESIDENCE I Where deceased lived. If institution: residence beloro A. STATE

B. COUNTY D. INSIDE CITY LIMITS? YES NO K Il Under 1 Yr. If Un Months Doys Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 4940 Eastern Ave. Baltimore, Md. 21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exect location) and that in (my) (our) opinion death accurred on the date 23B. DATE SIGNED Baltimore City Hospitals Baltimore, Md. CEM. MAYRE DE GRACE 25A. DATE REC'D BY HEALTH DEPT. 25C FUNERAL DIRECTOR VS 150-REV. 1/1/68

Management of the state of the

IMPORTANT

FUNERAL DIRECTOR:

NO

Hours

U.S.A.

APPROXIMATE INTERVAL

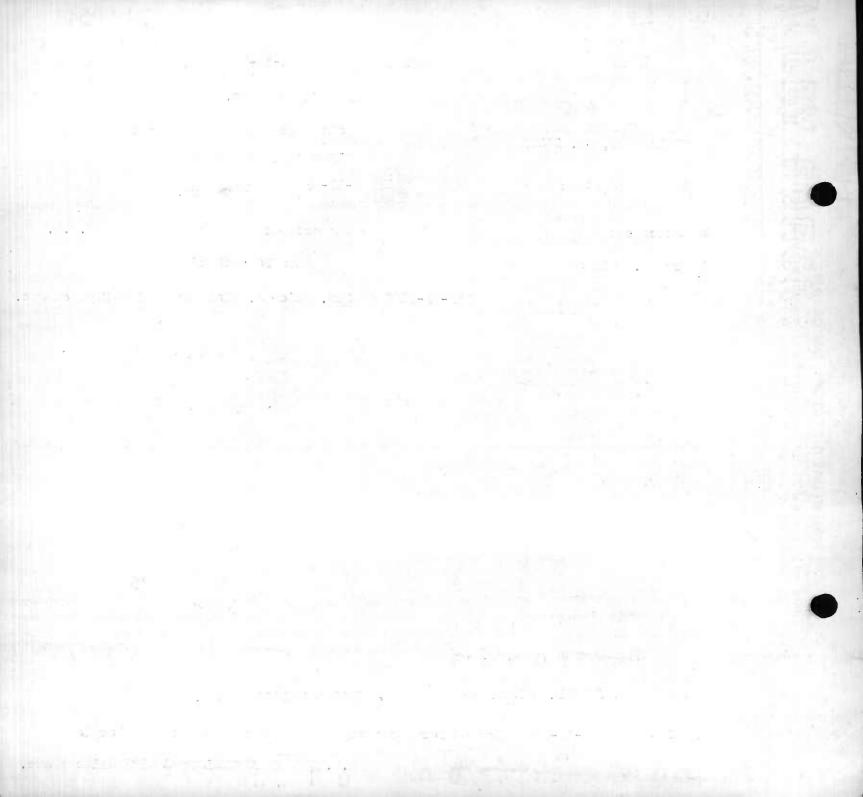
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BETWEEN ONSET AND DEATH

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If Under 24 Hrs.



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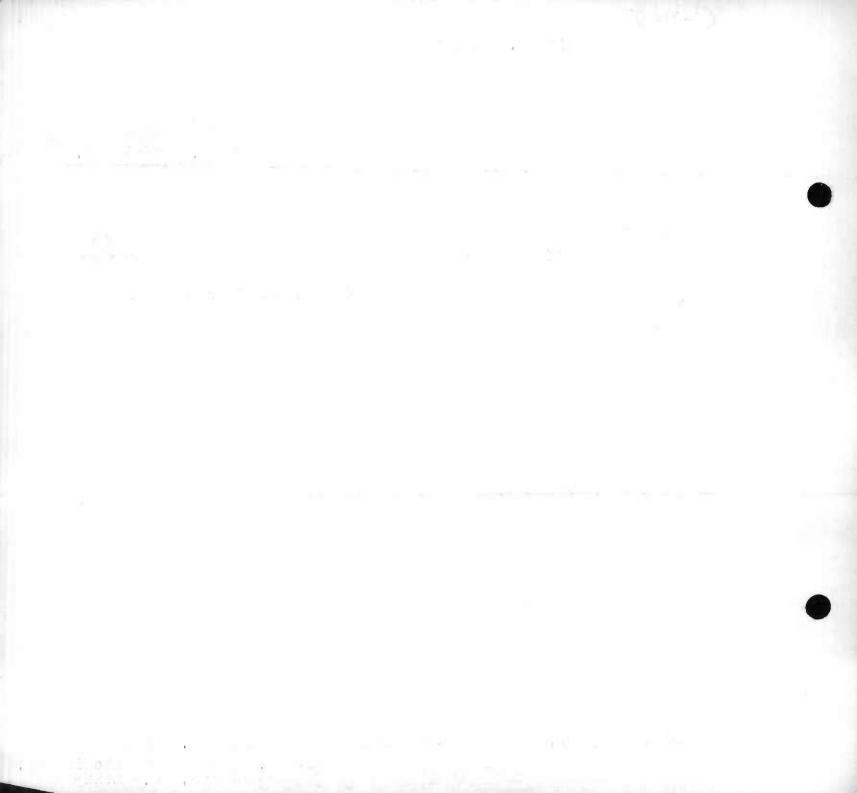
Baltimore.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Il Under 24 Hrs.

IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/68



H-500 70 00546 BALTIMORE CITY HEALTH DEPARTMENT

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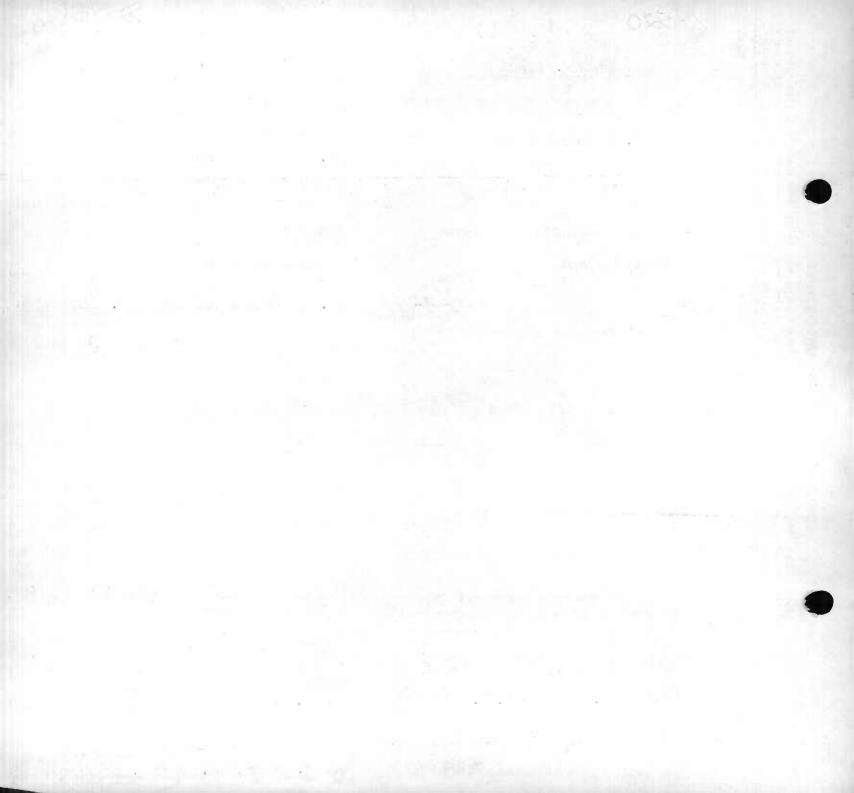
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9. DATE OF BIRTH		10. AGE (In	yeors		If Under 24 Hrs.	E. STREET	AND NUMBER	R					
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11. BIRTHPLACE (S		country)	i	2. CITIZEN			R'S NAME						
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SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER													
EXAMINE NAME (T		idore	Miha]	lakis,	M.D.	ASS	OCIATE MEDICA	AL EXAM	AINER 🗌	Ja	nuary	16, 19	70
24A. BURIAL CREM	ATION, 24	B. DATE		24C. NAMI	of CEMETERY	ar CREMA	ORY 2	4D. LOC	ATION	(City, tow	n, or county) (Sto	te)
REMOVAL (Specifi Buria	. :	1/20/	70	Gle	en Have	n		Gle	en But	rnie	, Md.		
25A. DATE REC'D	BY HEALTH D	EPT.	258. NA	ME OF REC	SISTRAR		FUNERAL DIRE		7	1.0	DDRESS .	L = 1. *	7.7
IRM TO T	77)	BE.	vause	y M.D.			George				_	tchie	Hgy
VS 151-REV. 1/1/68	1	1100	10	7			5-1	Re I.	timor	e. M	2	1225	

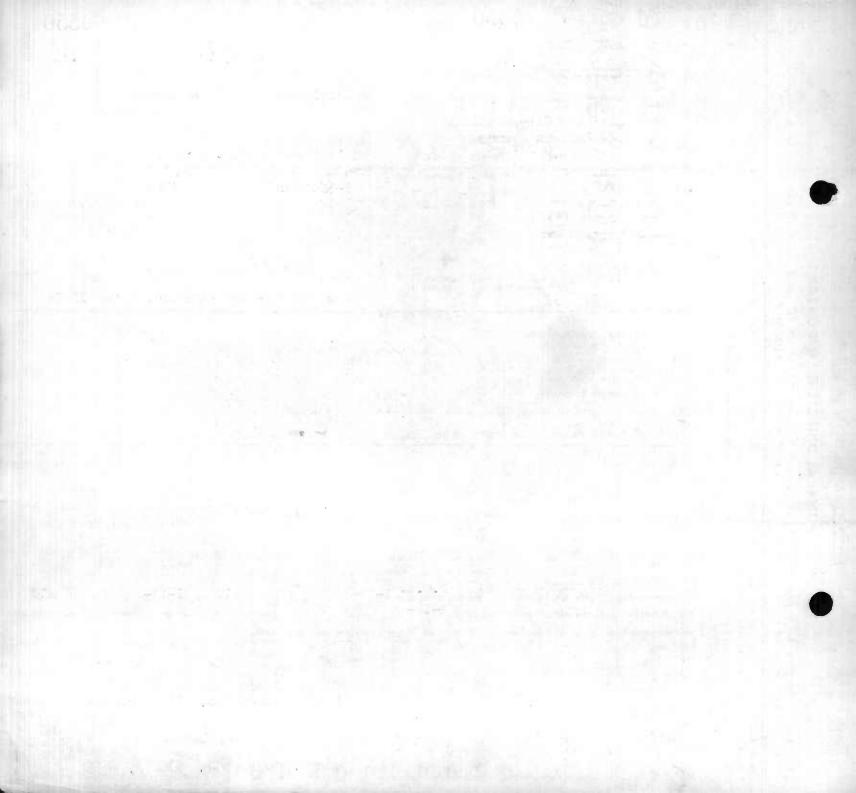
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11)-160 70 00548 BA	ALTIMORE CITY	HEALTH DEPARTMENT		
BIRT	TH NO.	ERTIFICAT	TE OF DEATH	REG. NO.	70 00570
1. N	AME OF DECEASED			HOUR OF DEATH	10 00048
(Тур-	e or Print) Henry H. WEBER	R		4,1970	11105 1
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D	DEAD	4. USUAL RESIDENCE (Where de	eccosed lived. If ins	titution: residence before admiss
			A. STATE B. COUNTY		11051
HO:	LE NAME OF SPITAL OR INSTITUTION, GI ADDRESS OR LOCATION)	AVE STREET	C, CITY OR TOWN	15 101515	2008
1142	TITUTION		Baltimoie		YES NO NO
3	C - 4940 Eastern Ave	renue	E. STREET AND NUMBER		LES A NO
	Baltimore, Maryland 21224		3436 W.	Plesan	A Are
5. SE	NARRIED IX I NEVER	R MARRIED 8	B. DATE OF BIRTH 9. A	GE (In years	If Under 1 Ys. If Under 24 Months Doys Hours Mir
	ale widowed I	DIVORCED	11-2-1899 1051	X79C/U	Months Doys Hours Min
10A.	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS	S OR INDUSTRY 1	1. BIRTHPLACE (State or Foreign	countryl	12. CITIZEN OF WHAT COUN
OONE	during most of working life, even il refired)		Balt: M	uland	USA
13. F	ATHER'S NAME	1	Baltimore, Mar 4. MOTHER'S MAIDEN NAME	yeana	usn
	Henry Weber	ľ		ary?.	
15. W	Ves Deceased Ever in U. S. Armed Forces? [16. SOCI	IAI V	17. INFORMANT		
(Yes,	no or unknown) (If yes, give wor or dates of service) SECU	URITY NO.	1 () 1/		ADDRESS
			ecords:BCH-4940	astern Ave	nue 21224 me
1	4 (8 ())	AUSE OF DEATH	0	1	APPROXIMATE INTERV
	DISEASE OR CONDITION DIRECTLY	- 1	Meskinston ?	recloan	Do a IV
	LEADING TO DEATH	A) IMMEDIATE CAUST	E CONSEQUENCE OF:	******************************	10K C 10, 1
					1
	injury or complication which caused death.)	COPD	= Vanishing lun	vp -	12 1/1
	ANTECEDENT CAUSES (8)			J	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the	DUE TO, OR AS A	CONSEQUENCE OF:	0	
	UNDERLYING CONDITION last. (C)) Wal	myscarshal s	mordion	undeleim
_	11		0		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
N. C.	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Ben a biga:	190 A A A A A A A A A A A A A A A A A A A		********
ERTIFIC.	198. CONDITION FOR WHICH OP WAS PERFORMED	FERATION	20A- AUTOPSY? (Yes of No.) 20	CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
S S	21A. ACCIDENT WAS UNDERLYING 218 PLACE O	OF INJURY (e.g., in	or obout 21C, WHERE DID	III in Rollimore	City, give exoct location)
7	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF CONTRIBUTING CAUSE OF home, form, for DEATH (nofify medical examiner)	foctory, street, offic	or about 21 C. WHERE DID	h. m commote	and Aire exect lecotion)
OI	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY C	OCCUPRE	215 1/0 1/2 1/2 1/2 1/2	00000	
1 2 10	OF INJURY (APPROX)		21F. HOW DID INJURY	OCCUR	
1	Work L	Not While At Work			
	22. I certify that (I) (this hospital) attended the deceos		12-6- 19 6	9 to	Jan 14 197
1 I	that (I) (we) last saw the deceased alive an	Jan 13		n(my) (our) opini	an death occurred on the
C	and hour and from the causes stated abave. (1) (We) (di	lid) (did not) vie	w the body after death.		
2	3A. SIGNATURE ON HA A+ "				238, DATE SIGNED
	Di Juth Stagin	Attend Phys.	ding Med. Staff		1-14-197
2	23C. PHYSICIANS NAME PLYPOL DO MULTIN ATACL	1/ 231	D Apparce		
	NAME MYPO DR. MUTLU ATAGE	UN	4940 Eas	Tern Avenu	e,Baltimore, cryland 21224
		DEGREE			
	BURIAL CREMATION, 248. DATE 24C. NAME of CE	EMETERY of CREM	TATORY 24D. LOCA	TION (City.	. lown, or county) (Male
	REMOVAL (Specify)	EMETERY of CREM		44	, town, or county) (Stote
24A.	Burial 1/17/'70 Parkuvo	emetery of crem	ry Saltin	none, Md.	
24A.	REMOVAL (Specify)	emetery of crem	ry Saltin	44	ADDRESS

egino i i i i i i i

BALTIMORE CITY HEALTH DEPARTMENT 70 00549 70 110549 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? NO If Under 24 Hrs. Hours i Min. If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exoct location) ond that in(my) (our) opinion death accurred on the date. ZIB DATE SIGNED (City, town, or county) VS 150-REV. 1/1/68





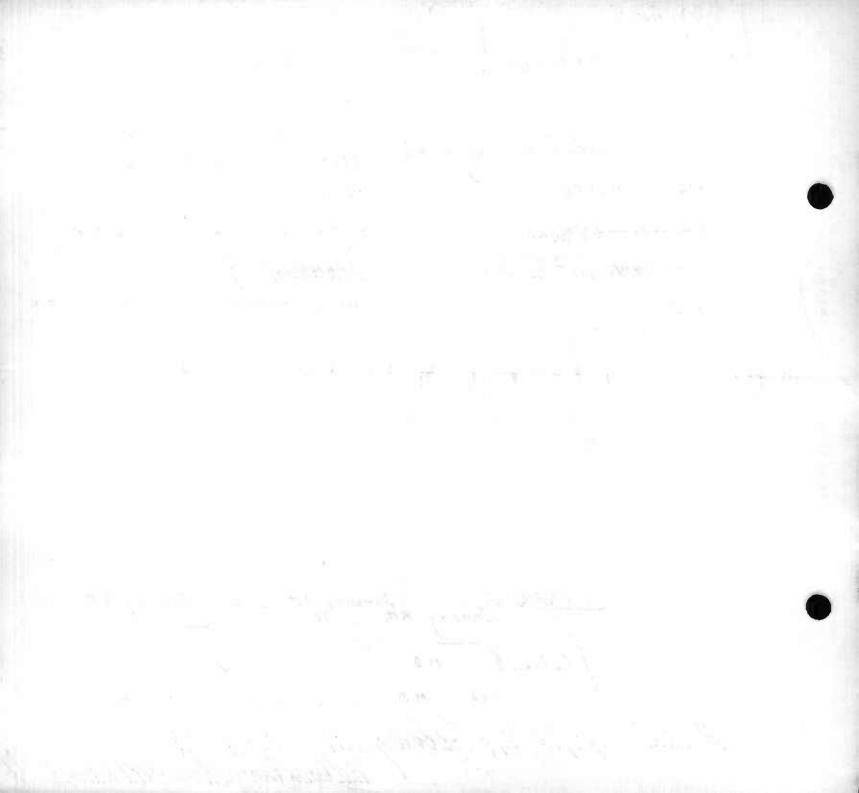
15-400 70 00551 BALTIMORE C	CITY HEALTH DEPARTMENT	70 00551						
BIRTH NO. CARLOS SALACERTIFIC	CATE OF DEATH REG. NO	70 00001						
1. NAME OF DECEASED (Type or Print)	MATTICLE DATE AND HOUR OF DEATH	1 12-30 P						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. VSUAD AEXIDENCE IWhere deceosed lived, If in	stitution: residence before admission						
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	7,70	401						
11 00	8. E. KEASANT ST.	DE CITY LIMITS?						
37 MERCY HOSP.	E. STREET AND NUMBER	A						
5. SEX 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	1 5/9/19 10st birthogy	Months Doys Hours Min.						
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR						
TAILOR CHOTHING	Entimore Md.	71.5.A						
13. FATHER'S NAME FRANK SALA	14. MOTHER'S MAIDEN NAME							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor or dotes of service) 217-65-9019	17. INFORMANT Thas. Swope 1605 Clark	ADDRESS						
18. 3 9 X X 1 CAUSE OF DE	ATH THE THE CHARK	APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Mix aromen on so	BETWEEN ONSET AND GEAT						
(This does not mean the mode of dving, e.g., (A) IMMEDIATE	CAUSE MID. CEREBRAL AR AS A CONSEQUENCE OF:	.//						
heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.)	AS A CONSEQUENCE OF: OCCLUSION ATRIAL FIB & EMBOLISION AS A CONSEQUENCE OF:	N						
ANTECEDENT CAUSES	TRIAL FIB & EMBOLIS.	4 921						
inse to the above cause (A) stating the	AS A CONSEQUENCE OF:	420						
UNDERLYING CONDITION lost. (C)	/ ND	///						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTORY (Y or No.) 20R. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?						
OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical examined) 218. PLACE OF INJURY (e. home, form, foctory, street, etc.)	g., in or about 21 C. WHERE DID (If in Boltimore affice bidg., affice bidg., INJURY OCCUR?	B City, give exoct location)						
21D.TIME (Month) (Doy) (Yeon) (Hous) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
	Vhile D	11						
22. I certify that (1) this hospital) attended the deceased from 19 70 19 19 19								
that (I) (we) last saw the deceased plive on								
and hour and from the causes stated abave. (1) (We) (did nat) view the bady after death.								
VII - Husey Jallinger MD:	Attending Med. Stoff	238, DATE SIGNED						
23C, PHYSICIAN'S NAME (Type)	23D. ADDRESS	1 1 1						
24A- BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF		y, town, or county) (Stote)						
DURGAS 1/19/10 Coder Hill Co	Energy Bottonice	md.						
25A, DATE RECOLAN HEALTH DEPT. 25B, NAME OF REGISTRAR	25CAUNERAL DIRECTOR	ADDRESS + AUG.						
VS 160 95V 1/1/69	1100490 17 2.108	110.						

of the state of th

	1	2 215	BALTIMORE CITY	HEALTH DEPARTMENT						
	BIR	70 00552	CERTIFICA	TE OF DEATH	REG. NO	70 00552				
	1. N	IAME OF DECEASED		2. DATE	ND HOUR OF DEATH	h -				
		PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	LLINGS	1	4/70	1 10 20 Am				
			D DEAD	A. STATE B. COU	NTY	stitution: residence before admission)				
	FU HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION STRIAL OR ADDRESS OR LOCATION) STRIAL OR ADDRESS OR LOCATION	N, GIVE STREET	mg		831				
1	IN:	I .		BA 1+0	D. INSI	DE CITY LIMITS?				
	2	mana //	4-1	E. STREET AND NUMBER	7 / /	YES NO NO				
9	7	THEREY MOSPI	196.	28171	eLham	Ave.				
3	5. \$	makyeb 2 N	EVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
	IOA	. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSI	DIVORCED	04-14-00	69					
	done	during most of working life, even if retired)	1.0	Balto. Md.	eign country)	12. CITIZEN OF WHAT COUNTRY?				
3		auffer Md. Dryde	ock (o.	14. MOTHER'S MAIDEN NA	1445	U.S.A.				
2	G	(Denone Stall.	6.6			/ / -				
,	15.1	Was Deceased Ever in U. S. Armed Forces? 16.5	OCIAL	DAdie -	Stuc Ks	LAdeR				
	4.4		ECURITY NO.		lino4 - 28/7	Pelham Ave21213				
	Ne	18.	CAUSE OF DEATI	~	11gs - 2017	1 APPROXIMATE INTERVAL				
		DISEASE OR CONDITION DIRECTLY			0 -	BETWEEN ONSET AND DEATH				
		LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU		al Carcino	malogis				
		hearl failure, ashlenia, etc. It means the disease, injury ar complication which caused death.)	DUE TO, OR AS	CONSEQUENCE OF:						
		ANTECEDENT CAUSES	Parla	16 Same	COO Ca Sall	bladdes.				
		DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	an a sacr	Markey.				
		rise la the abave cause (A) stating the UNDERLYING CONDITION last.	(c)							
		II .	(0)		***************************************					
	NOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
	41	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or N	a) 208 In yes were a					
	RTIF	WAS PERFORMED	Town WO TO LOT I THE BY IN	IN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?					
	U	21A. ACCIDENT WAS UNDERLYING 21B. PLAC OR CONTRIBUTING CAUSE OF home, for	E OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltimore	e City, give exact location)				
	EDICAL	DEATH (notify medical examined) etc.)	ing focioly, alleg all	ice biogginisoni occom						
	51	OF INJURY	RY OCCURRED	21F. HOW DID IN	JURY OCCUR?					
		(APPROX.) While At Work	At Work			/				
		22. I certify that (2) (this hospital) attended the deceased from 1970 to 1970								
	- 1	that \$ (we) lost sow the deceased alive on	14	19	not in (my) (🚗) opin	alon death occurred on the date				
		ond hour and from the couses stated above. (1) (###-) (dld) (ddd (no)) vl	ew the body ofter death.						
		Va. OB Sound	A TO Atter	ding Med.	Shaff (52)	238 DATE SIGNED				
		23C. PHYSICIAN'S NAME (Type)	DEGREE	Med. Director	Shaff Phys.	1/14/70				
		NAME (Type)								
	24A.	BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify)	CEMETERY OF CREATER	MATORY 24D. I	OCATION (City	y, town, or county) (Stote)				
		0	wood (emete							
	25A.	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REC	HSTRAR	25C. FUNERAL DIRECTO	Buttullione, 14	Aryland ADDRESS Belair Rd21206				
	42	JAN 19 19/10 Copers & Jahoes H	B. O .	John G. Mill	er Inc-6415 l	Belair Rd21206				
,	vs 1	50-REV. 1/1/68								



M-254 70 005	5.7	THEALTH DEPARTMENT ATE OF DEATH REG. NO. —	70 00553			
BIRTH NO. 1. NAME OF DECEASED	V, ANGELIO	2. DATE AND HOUR OF DEATH January 8th, 1				
		January 811, 1	M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		A. STATE & COUNTY MARY LAND	907			
NSTITUTION		BALTIMORE D. INSIDE CITY LIMITS? YES NO NO				
UNION MEMORIAL	HOSPITAL	E. STREET AND NUMBER 1765 GORSUCH AVE	ENUE			
MALE NEGRO WIDOW		08-12-08 9. AGE (In years lost birthdoy) 6/	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
OA. USUAL OCCUPATION (Give kind of work 10B, KINI lone during most of working life, even if religed) UNELLA PLOYED RESPONSED	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) SOUTH CAROLINA	12. CITIZEN OF WHAT COUNTRY			
3. FATHER'S NAME L. MC M. 11	1	14. MOTHER'S MAIDEN NAME				
12/02/11/11/16	211	Kachea/)				
5. Wos Deceased Ever In U. S. Armed Forces? (es, no or unknown) Uf yes, give wor or dates of servi	ce) 16. SOCIAL SECURITY NO.	HILL CADRIN	same as above			
heart foilure, asthenia, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	ving the (c) CHROL	A CONSEQUENCE OF: MONARY TUBERCOLOSIS A CONSEQUENCE OF: YI'C OBSTRUCTIVE LUNG.				
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING T	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY le.g., i home, form, foclory, street, o etc.)	n or obout 21C, WHERE DID (If In Bolilmo	re City, give exoct facation)			
	While At Not While Work At Work	21 F. HOW DID INJURY OCCUR?				
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive	ed the deceased from	anuary 1st 1970 to Ja-	nuary 8/h 19 70			
and hour and from the causes stated above		<u> </u>				
23A. SIGNATURE /. Calvera	V. 17.0. Atte	anding Med. Stoff	23B, DATE SIGNED			
23C. PHYSICIAN'S NAME (Type) JUAN CABI	RERA M.D.	23D. ADDRESS	OSPITAL.			
Burial 1/17/70 9	C, NAME of OMETERY OF CRI	EMATORY 24D, LOCATION 225C, EUNERAL DIRECTOR	ADDRESS			
JAN 19 1970 (28 6 6 E Vall	en M.B	Milliand Funnal Home	3191. Schoeders			

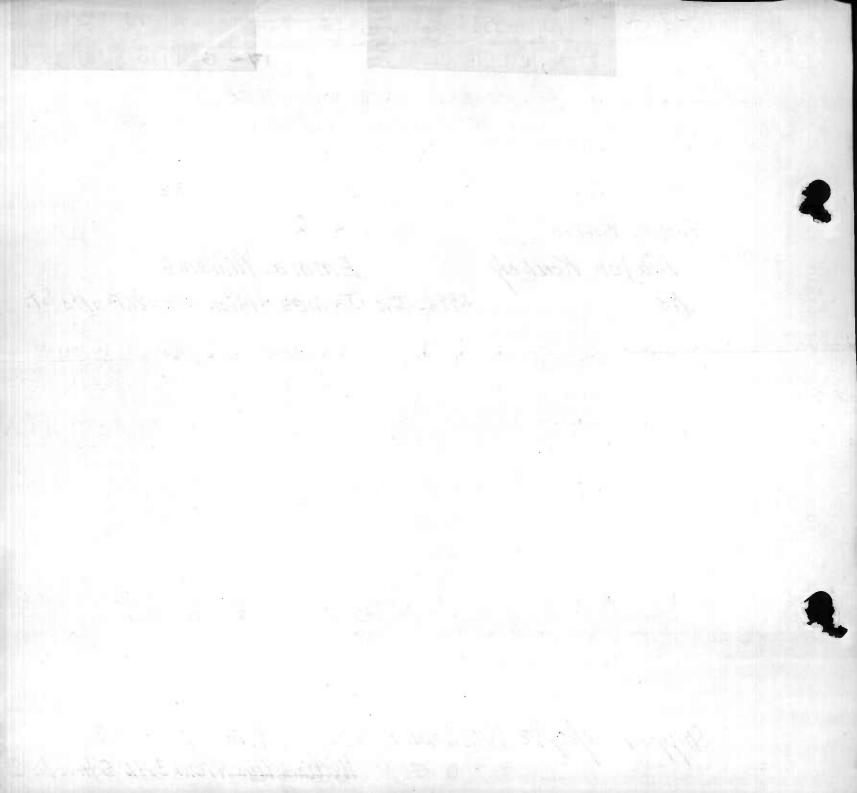


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if death occurred in a hospital and	rect or contributing cause of death	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was in regular attendance on the	the deceased prior to death. Such	sposition is made.
ef medical examiner or his assistant	medical examiner. Also, if the di	ly burns; (3) A fracture of any kind;	physician who pronounced death	cian was in regular attendance on	ne remains are embalmed or final d
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Bod	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

FUNERAL DIRECTOR: IMPORTANT

	H-423	70	00554	CERTIFICA	TE OF DEA	TH REG.	NO	70 00554
1	I. NAME OF DECEASED ,				2, DATE AND HOUR OF DEATH			
	Type or Print)	ALSTON,	LILLI	EC,		1-13-	1970	1 10:30 Am.
	3. PLACE IN BAL	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR MARY LAND) LITHER AN HOSPITAL OR MARY LAND			C. CITY OR TOWN , D. INSIDE CITY LIMITS?				
				BALTIMORE YES NO				
7	0730 ASHBURTON ST. BALTIMORE MD. 21216.				2522 W BALTIMORE ST.			
	SEX 6. RACE 7. MARRIED NEVER MARRIED			B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His.				
	到。F	N	WID OWED [_	5-12-19	33. lost birthdoy	36	
		JPATION (Give kind of work working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote	or loreign country)	,	12. CITIZEN OF WHAT COUNTRY?
	Factory	/ Wonker			\$.6.			U.S.A.
	3. FATHER'S NA	ME	,		14. MOTHER'S MAID	EN NAME		
1	11/2	JOH KEN	vedy	11 / 20011	Emmo	2 Willian	ms	A D D D D D D D D D D D D D D D D D D D
	Yes, no or unknown	Ever in U. S. Armed For (If yes, give wor or dote	s of Service)	SECURITY NO.	17. INFORMANT	11.5	2.0	ADDRESS // CV
	NO			249-82-3710	Vaines	AISTON -	75221	Y, Balto. 1.
	TB. 41	0,91	TO THE	CAUSE OF DEAT	Н			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	SE OR CONDITION DI	RECILT	(A) IMMEDIATE CAU	SE Pachina	then Fa	llure	. In minte
		nol meon the mode of asthenia, etc. It meons			A CONSEQUENCE OF:	1101.9	11010	
		nplication which coused		0	C	,		
(b)						MISOLISA	n	25 MINE
		OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF		1	1
		G CONDITION lost.	1	(c) 11 1 40 G	TAKIJIAL	INFHRO	TION) 30 MINS
	Z	11	NITRIBUTING					
	TO THE DEAT	H BUT NOT RELATED TO T	HE TERMINAL					
DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No) 20B. IF IN CER						, WERE FIN	DINGS CONSIDERED	
	21 A. ACCIDE	NT WAS UNDERLYING	7 218.	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE	DID (If in	Boltimore C	City, give exact location)
	_ OR CONTRIBL	JTING CAUSE OF medical examiner)	hom etc.)	e, form, foctory, street, of	office bldg., NJURY OCCUR?			
	21 D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED		DID INJURY OCCUR?	F.	
	(APPROX.)		Whi	le At Not While At Work				
	22. I certify	that (I) (this haspital) attended th		1-8-	19.70 to		13 - 19 70.
	that (I) (we)	last saw the decease	d alive an	- 13 -	19 7 0	and that in (my) (aur) apinia	on death accurred on the date
			ed abave. (I) (We) (did) (did not) v	iew the bady after (death.		
	23A. SIGNATURE PAR Lal M.B. B. S. Attending D. Med. Director Director Phys. 23C. PHYSICIAN'S 23B. DATE SIGNED 1 - 13 - 1970 - 23C. PHYSICIAN'S							
	NAME (Type)							
	PREM LAL. M.B. B.S. DEGREE 730 ASH BURTON ST. BALTIMORE M. 21216 [24A. BURIAL CREMATION, 124B. DATE , 124C. NAME of CEMETERY OF CREMATORY 124D. LOCATION (City, town, or county) 15tote)							
	REMOVAL (Specify)							
	29A. DATE REC'D	BY HEALTH DEPT.	25B. NAME O	F REGISTRAR	25C. FUNERAL DI	RECTOR	DONO	ADDRESS
	AKI 1 0 10	70 COBE, 4	allen 4	30 000	Willbirger	Forest Ho	28 3 A	AU Schnowder St
100	PHI A ST AN	E SE	1 2 1		10 30 LUNGERUA	1-000001 100	1001	The court of the



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

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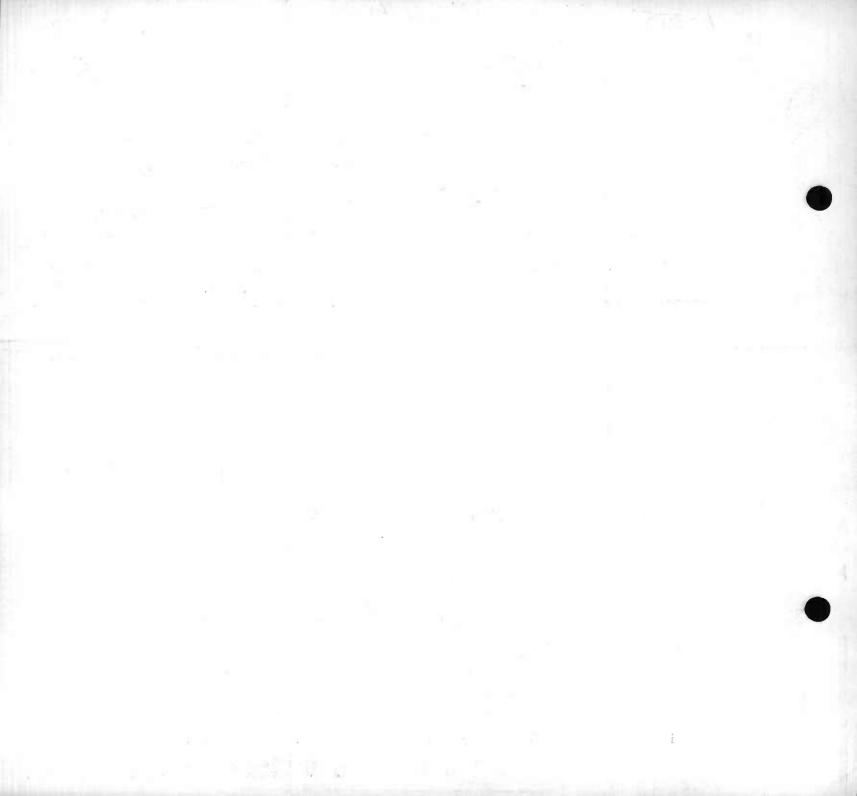
ADDRESS

BETWEEN ONSET AND DEATH

ADDRESS



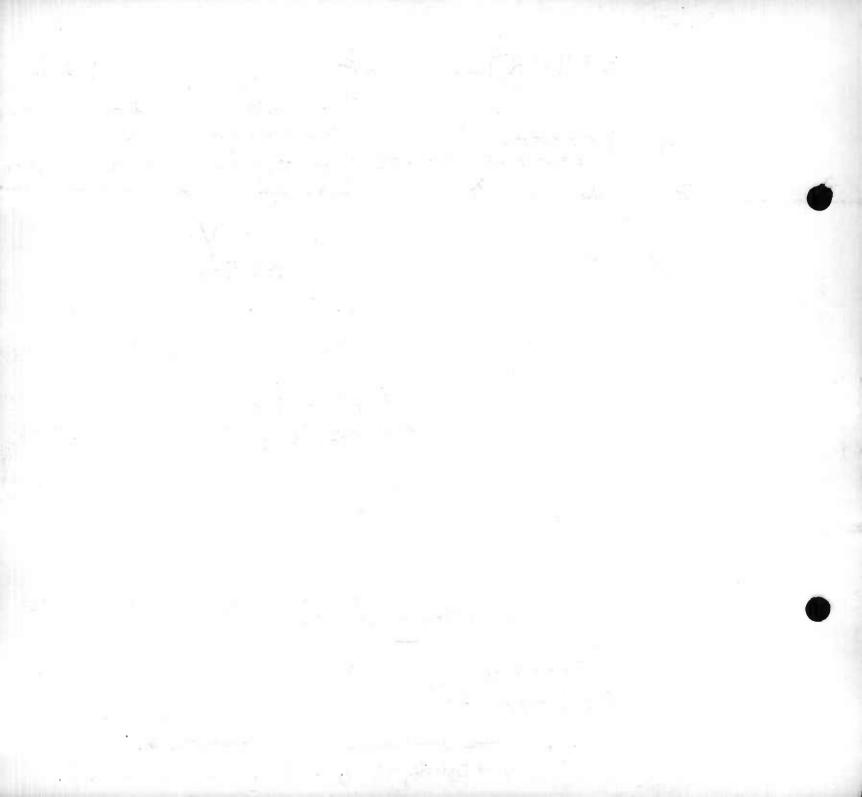
BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

70 90557 4. USUAL RESIDENCE (Where doceosed lived. II institution: residence below odmission)
A. STATE D. INSIDE CITY LIMITS? NO Il Under 1 Yr. Il Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? Germany Unknown ADDRESS Reisterstown, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED or county) (Stote) Sons Reisterstown, Md.



1	250				Y HEALTH DEPARTMENT				
BIRTH	H NO.	70	1105	58 CERTIFICA	TE OF DEATH	REG. NO	70 00558		
	ME OF DECEA	Robert 1		() A		AND HOUR OF DEATH	245		
3. PL	ACE IN BALTI	MORE MARYLAND, V			4. USUAL RESIDENCE IN	AP. 13 1970	stitution: residence before admission)		
	L NAME OF				I A. SIAIE	UNTY 12 0	1_A		
HOS	PITAL OR	ADDRESS OR LOC	(NOIT-A	STITUTION, GIVE STREET	Maryland c. City or town	Parl	DE CITY LIMITS?		
		Baltimore	_		Baltimore	D. INSI	YES NO X		
	21	4940 Easte		21224	E. STREET AND NUMBER	1 2	TO A		
	0	Baltimore,	rid.	21224		re Lane 2122	2 005		
5. SE	ale	White	7. MARR		8-17-97	9. AGE (In years lost builded)	Months Doys Hours Min.		
			WIDOV	O OF BUSINESS OR INDUSTRI					
done	during most of wo	rking life, even if refired) e Dealer		Business	Maryland	Baltimore	U.S.A.		
3. FA	ATHER'S NAME				14. MOTHER'S MAIDEN N	AME	J		
	L	MANNEY Angue	+ D^	senthal	Margaret	Thillman			
5. We	as Deceased Even	ver in U. S. Armed For f yes, give wor or dole	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT	4940 Eastern	AVE ADDRESS		
	res	Army WW1		217-18-2536	BCH Records:	Baltimore, N			
18	B. 154	/ / 1	*	CAUSE OF DEAT	1		APPROXIMATE INTERVAL		
	DISEASE	OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH		
-	-	ADING TO DEATH		(A) IMMEDIATE CA		a. Drauffich	icy 10 485		
hoof foilure, ostheria, etc. It means the disease									
i	injury or camplication which caused death.)								
		TECEDENT CAUSES		(B)	Acute Br	orchopneumo	ma luk		
D n	SEASES OR	CONDITIONS, if abave cause (A)	any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:		**************************************		
u	INDERLYING	CONDITION last.	aluming	(C)	CARcinoma	al nectur	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
٦,		- 11							
€ IT0	O THE DEATH I	ANT CONDITIONS CO	IF TERMIN	lG Al					
U 19	ISEASE OR CON	IDITION GIVEN IN PAR	1 (A).	OR WHICH OPERATION	120 A A 1170 A 242 (V	M.W. ooo	***************************************		
21		WAS PERI	ORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or NO	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?		
. 0	R CONTRIBUTE	WAS UNDERLYING		218 PLACE OF INJURY (e.g., I	n or about 21 C. WHERE DID like bldg., INJURY OCCUR?	(II In Boltimore	City, give exoct location)		
91	D. TIME (A			elci)					
S 01	FINJURY	Aonth) (Doy) (Yeorl	(Hour)	21E INJURY OCCURRED While At The Not While	21F. HOW DID I	UURY OCCUR?			
IA	(PPROX.)			Work L At Work					
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th	at (f) (we) lo	st sow the decease	d olive o	n JAN 13	1970ond	that in (my) (corr) opin	ion deoth occurred on the date		
on	nd hour and fr	om the couses stat	ed above	. (1) (We) (did) (did-not) v	lew the body after deoth	•			
23.	A. SIGNATURE	100 91	10				23 B, DATE SIGNED		
	Cemes		Feu	MD. DEGREE Phys	nding Med.	Shoff Phys.	1-13-70		
23	C. PHYSICIAN'S NAME (Type		EDTO	SEN M.D.	· ·	O Eastern Ave	A		
4A. 8	URIAL CREMA	TION, 24B, DATE		DEGREE	MATORY 1240.	LOCATION (City	, town, or county) (State)		
	urial	1/16/7	70 R	altimore Nat:		Baltimore,			
				E OF REGISTRAR					
			To and	7000	3331 Brei	Funeral Ho	me, Inc.		
\$ 150	D-REV. 1/1/68				Jose Brei	Dall			



Burial

VS 150-REV. 1/1/6B

2SA. DATE REC'D BY HEALTH DEPT.

1/17/

70

258. NAME OF REGISTRAR

Such

to death.

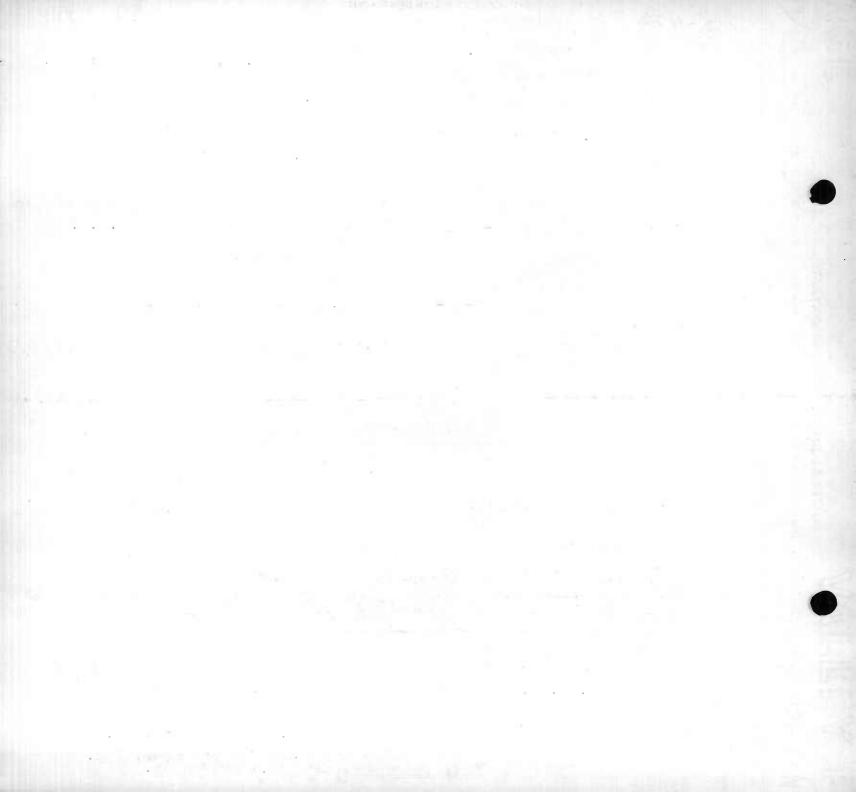
K-4502	mars /			HEALTH DEPARTMENT		
SIRTH NO.	70 1	10559	CERTIFICA	TE OF DEATH	G. NO	0 100559
NAME OF DECE	ASED FREDE	ERICK A.	KLIMES	2. DATE AND HOUR C		
Type or Print)				Jan. 14, 1	970	8:30 a. A
B. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY	l lived. If institution:	residence before admission
FULL NAME OF	UE NOT IN HOSPIT	AL OR INSTITUT	ON GIVE STREET	Md., 21205		2.610
OSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOCA	ATION)	ort officer	C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
	-10 W C1:	. 4		Baltimore	YES 🖸	NO 🗌
	512 N. Cli	nton Sti	reet	E. STREET AND NUMBER		
00				512 N. Clinton	Street	
SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In last birthdo:	years If Und	ler 1 Yr. If Under 24 Hrs Days Hours Min.
male	white	WIDOWED	K DIVORCED	2/9/88 81	,,	
A. USUAL OCCU		10B. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CI	TIZEN OF WHAT COUNTR
one during most of w Baker	varking life, even if retired)	self-en	mployed	Czechoslovakia		U.S.A.
FATHER'S NAM	A E	7 , -		14. MOTHER'S MAIDEN NAME		
	unknow	n		unknown		
. Was Deceased (es,no or unknown)	Ever in U. S. Armed For (If yes, give war or dote	ices?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		217	-14-6253A	Dr. Louis Klimes	. son.24	12 Lake Ave
1	E OR CONDITION DI LEADING TO DEATH	RECTLY	Sugar Services	b-0-11		9-11/19
hearl failure, of injury ar comp A DISEASES Of rise to the	at meon the mode of asthenia, etc. II means plication which caused NTECEDENT CAUSES R CONDITIONS, if above cause (A) of CONDITION last.	the disease, death,)	DUE TO, OR AS DUE TO, OR AS OUT TO, OR AS	A CONSEQUENCE OF: LOUSE C. V. Dess	gl.	Dec 10,196
heart failure, cinjury ar comp A DISEASES Orise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH	asthenia, etc. II means plication which caused NTECEDENT CAUSES R CONDITIONS, if above cause (A) (CONDITION last.	any, giving sloting the MTRIBUTING HE TERMINAL RT 1 (A).	DUSTO, OR AS CANGLE COSC PICH OPERATION	A CONSEQUENCE OF: deal Failure A CONSEQUENCE OF: Laude C. V. Des	YES, WERE FINDING SEYING CAUSES OF	DEATH?
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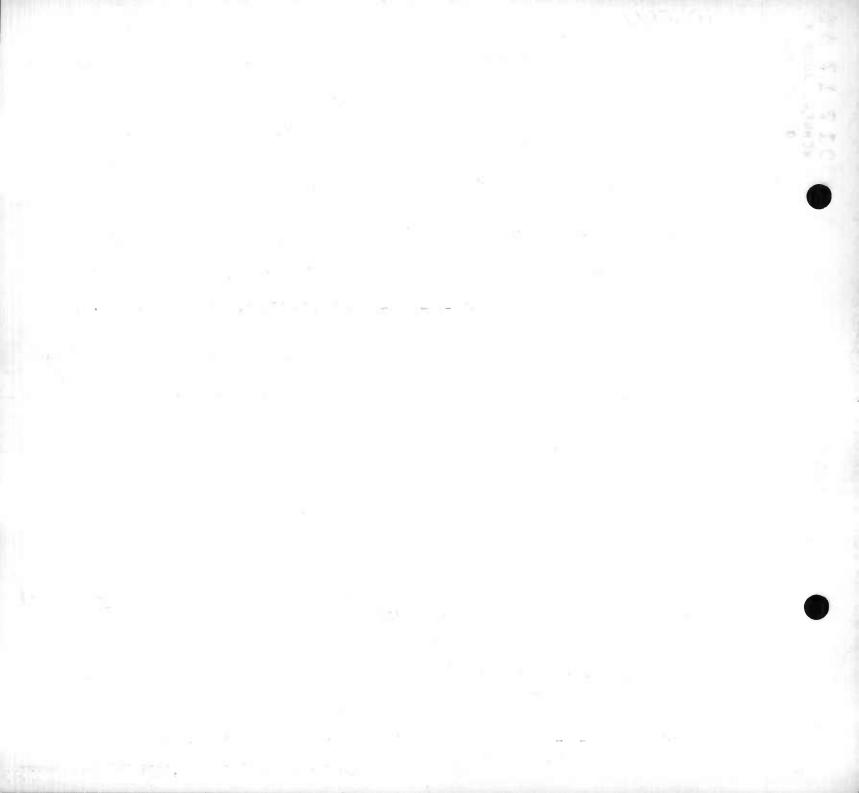
Bohemian Nationa 1

Cem.

Baltimore, Md.

Schimunek Funeral Home, Inc. 26042E. Madison St.





DIRECTOR:

FUNERAL

150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NO 🔼

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

If Under 24 Hrs.

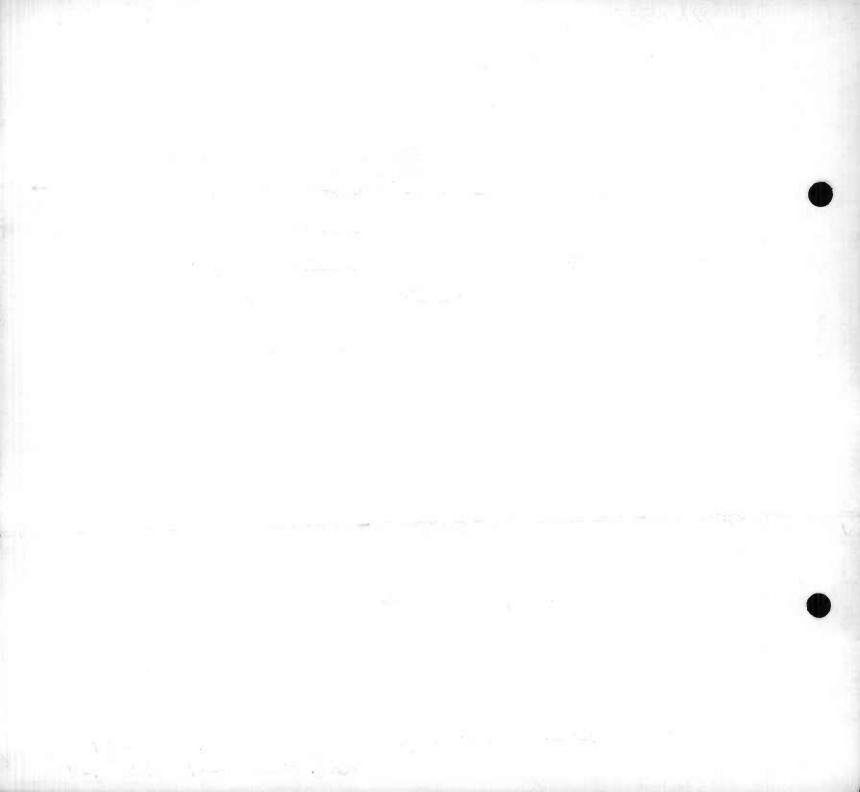
AND LEVEL BENEFIT DESCRIPTION OF STREET

1/19/70 Balticore heliunal lest Francisch nve. builden e. in.

Morettl SETS entwist Learner States of the Life of the

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certifithe body v shows: (1) was D.O.A deceased written ap

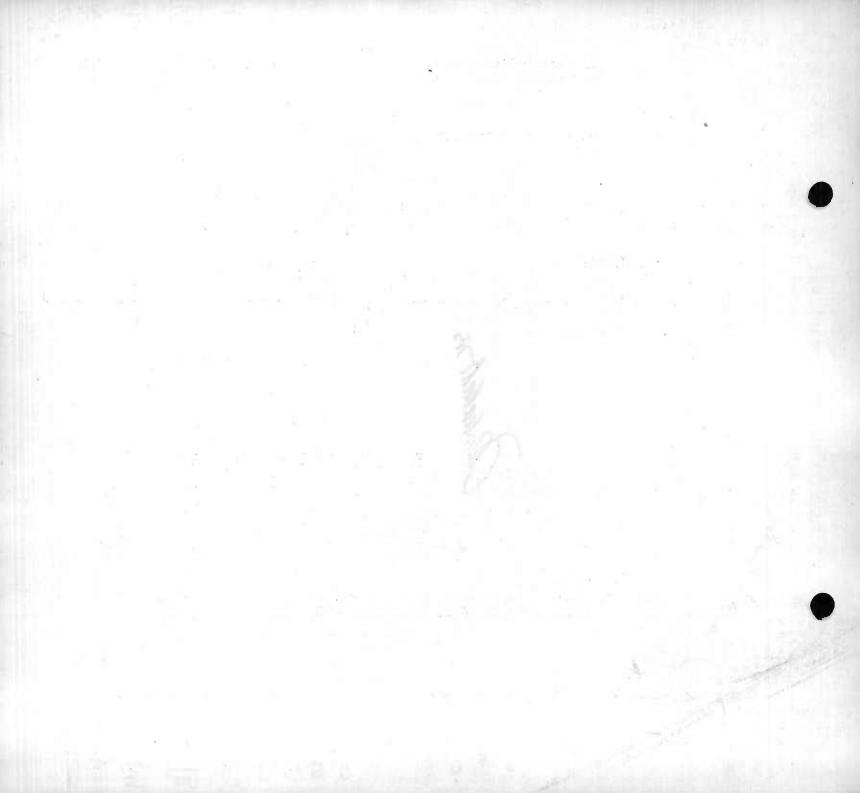
M-6	35	70 0	10569	BALTIMORE CITY	HEALTH DEPARTA			70	00562
BIRTH NO.			TOUGE	CERTIFICA	TE OF DEA	TH	REG. NO		00000
I NAME OF DE	ECEASED						UR OF DEATH		
(Type or Print)	ERTRU	DE T	M	SOTE AL			13,197	71 .	7.3
3. PLACE IN B	ALTIMORE, MAR	YLAND, WHI	ERE PRONOL	INCED DEAD					1.201
		, 1711	DAE I ROMO	DRCED DEAD	A. STATE	B. COUNTY	osod lived, it in	stitution; resi	donco before admissio
FULL NAME O	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					UD		,	1734
HOSPITAL OR	A DDKE 23	OR LOCATI	ON)		C. CITY OR TOWN		D. INS	DE CITY LIM	ITS?
INNIO	N MER	IORIAL	- Ho.	SPITAL	BALTIM	ORE		YES 🔠	по П
	. 1)		//-		E. STREET AND NU			100	
4	Harton .				4110 GR.	ANITE ,	AUENUE	5	
5. SEX	6. RACE	7.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	19. AG	E (in years	I II Under 1	Yr. , Il Under 24 Hr
FEMALE	WHITE		WIDOWED T		AUGUST 13,	liest bi	rthdoy)	Months D	Yr. Il Under 24 Hr
	1/0			BUSINESS OR INDUSTRY	444431 10,	1875	74		
done during most o	d working life, ever	it refired)	W MIND OF	POSINESS OF IMPOSIKE			niry)		OF WHAT COUNT
HUISEKEE	PPER				MARYLA	AND		45.	4
3. FATHER'S N	AME				14 MOTHER'S MAIL	DEN NAME			
2704100	-46-4-4-A	Hugo Me	nten		LINKNOWN	,			
5 Was Dagger	d Ever in U. S.					Lei	ra Gluth		
les, no or unknow	n) Ul yes, give v	vor or doles o	service)	SECURITY NO.	17. INFORMANT				DDRESS
no				212-10-4679	WELTER	= MEDT	FI		RANITE A
18.	6.91			CAUSE OF DEATH					APPROXIMATE INTERVAL
DISEASES rise to 11 UNDERLYIN OTHER SIGNI TO THE DESEASE OR 1 19A-DATE O	i i	made of dy If means the h caused de CAUSES NS, if any use (A) sle lost, ONS CONTR ATED TO THE T EN IN PART 1 198. CONDITI WAS PERFOR	e disease, oth.) c, giving pling the common	(B) M YO CO DUE TO, OR AS	CONSEQUENCE OF: CARDIAL A CONSEQUENCE OF 108 CLEROTI	INF ABOUT THE STATE OF THE STAT	CTION	VSSAFE	
OR CONTRIB	NT WAS UNDE	E OF	218, I home etc.)	PLACE OF INJURY (e.g., in farm, foctory, street, off	or about 21 C. WHERE ce bldg., INJURY OC	DID CUR?	(II In Boltimore	City, give e	xoct locotion)
21 D. TIME	(Month) (Doy	Yeor) (I	loud 21 E	INJURY OCCURRED	21 F. HOW I	OLD INJURY O	CCUR?		
(APPROX.)				At Not While					
20 1	.0 . 445 5 5		Work	At Work	□				
ZZ. I certify	that (1) (this	hospital) a	ttended the	deceased from JA	N 5	19 70	to VAN	UARY	13 1970
that (I) (we	lost sow the	deceased a	live on	1AN 13	7 4	and that in(r	ny) (our) opin	Ion death	accurred on the dat
and hour on	ond hour and fram the causes stated above. (1) (We) (did) (did nat) view the body after death.								
23A. SIGNAT	3A. SIGNATURE								
		P. ~	0:	() AHen	ding - Med	CAN THE	~	238, DATE S	
000 21002		en I	ted	DEGREE Phys.	ding Med. Director	Staff Phys.	철	1-13	3-70
23 C. PHYSICH	Type			2:	D. ADDRESS				
1	4, 50	11 6	17	MD.	UNION ME	MORIA	11 Hos	5 Ba	17. 11
A. BURIAL CRI	MATION, 24B.	DATE	24C. N.A.	ME of CEMETERY of CREA	MATORY	240 1001	N O	-, 10M	CTO., MD
REMOVAL	(Specily)	16							
Burial		-16-70	Ba	ltimore (emet	2011	Baltin	nno Ma	land 2	/2/2
A. DATE REC'E	BY HEALTH DI	T 400 W	NAME OF	REGISTRAR	25C. FUNERAL DI John G M	RECTOR	in the	AUD0-2	ADDRESS
INNIO	19711 126	CAE 3	auben 1	May U	John & M	iller In	C-6415 B	alain	Dd - 21206
150-REV. 1/1/	/40	2010		00 0		- July 1/1	ט כוויט	euin !	NU21200



FUNERAL DIRECTOR:

RGB

BALTIMORE CITY	HEALTH DEPARTMENT	20 00502
5-431 70 00563 CERTIFICA	TE OF DEATH X REG. NO.	70 00563
BIRTH NO.		
I.NAME OF DECEASED Type or Print)	2. DATE AND HOUR OF DEATH	
Arthur Cooper Gladfelter	Jan. 13, 1970	4:18 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A, STATE B. COUNTY A, STATE	tion: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN D. INSIDE C	CITY LIMITS?
US Public Health Service Hospital		s No X
X 3100 Wyman Parkway	5719 Edmondson Ave.	
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If	Under 1 Yr. , If Under 24 Hrs.
M WIDOWED DIVORCED	11/19/93 lost birthdgy 76	onths Doys Haurs Min.
DA. USUAL OCCUPATION (Give kind of wark 108, KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?
one during most of working life, even if refired) Retired USN	Md	USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Wm. Gladfelter	Mary Cooper	
5. Was Deceased Ever in U. S. Armed Farces? Yes, na or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
Yes USN 1911- ? 239-14-1551	Records- US PHS Hospital	<u> </u>
18.038.9 41 E887 X CAUSE OF DEATH		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Consis	Darra
(This does not mean the made of dying,	Sepsis	Days
	CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the distance, injury or camplication which caused death.)		
ANTECEDENT CAUSES		
(B)	A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if any, Ding DUE TO, OR AS, rise to the above cause (A) stating the	A CONSEQUENCE OF:	
UNDERLYING CONDITION last. (C)		
II (2) (200mg) (2 mg)	omionol docubitus	D-2: -
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING STATUS DO	perianal decubitus ulcer	Days
= 110 THE DEATH BUT NOT RELATED TO THE TERMINAL TO	ost left hip fracture	1 month
SISEASE OR CONDITION GIVEN IN PART I (AC.) 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes ar Na) 20 B. IF YES, WERE FIND	INGS CONSIDERED
WAS PERFORMED	20A. AUTOPSY? (Yes ar Na) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES YES	OF DEATH?
12/13/69 Fracture left hip		
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in one, farm, factory, street, off		ly, give exact lacation)
DEATH (notify medical examiner) wo etc.) home	5719 Edmondson a	live
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
e of injust	Kell	
(APPROX.) 12/3/69 A Work Work At Work		
22. I certify that (1)/(this hospital) attended the deceased from	Dec. 2 19 69 10 Jan.	13 19 70
that (N (we) lost sow the deceased alive on Jan. 13	1970 ond that in (my) (our) opinion	death accurred on the date
and hour ond from the couses stated above. (1)/(We) (did) (did/n/y) vi	, , , , ,	
23A. SIGNATURE		B. DATE SIGNED
Loter Philosopo MD DOGREE Phys.	Med. Staff Phys.	1/14/70
23 C. PHYSICIAN'S	3D. ADDRESS	
NAME (Type)	US PHS Hospital, Balto,	Md.
Peter J. Philpott, Surgeon (R)		
4A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREATER O	MATORY 24D. LOCATION (City, to	own, or county) (State)
Burial 1/16/70 Baltimore Nationa	l Cemetery Baltimore, Md.	
25A. DATE-RECID-BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
111111111111111111111111111111111111111	Oitzke, 1630 Edmondson Av	The state of the s
ANTURINI (P.A. A.E. M. A. 1969 U. U.	OT GAS 1010 Editoridadir No.	0., 21220
/C 150-DEV/ 1/1/40		



FUNERAL DIRECTOR:

VS 150-REV. 1/1/68



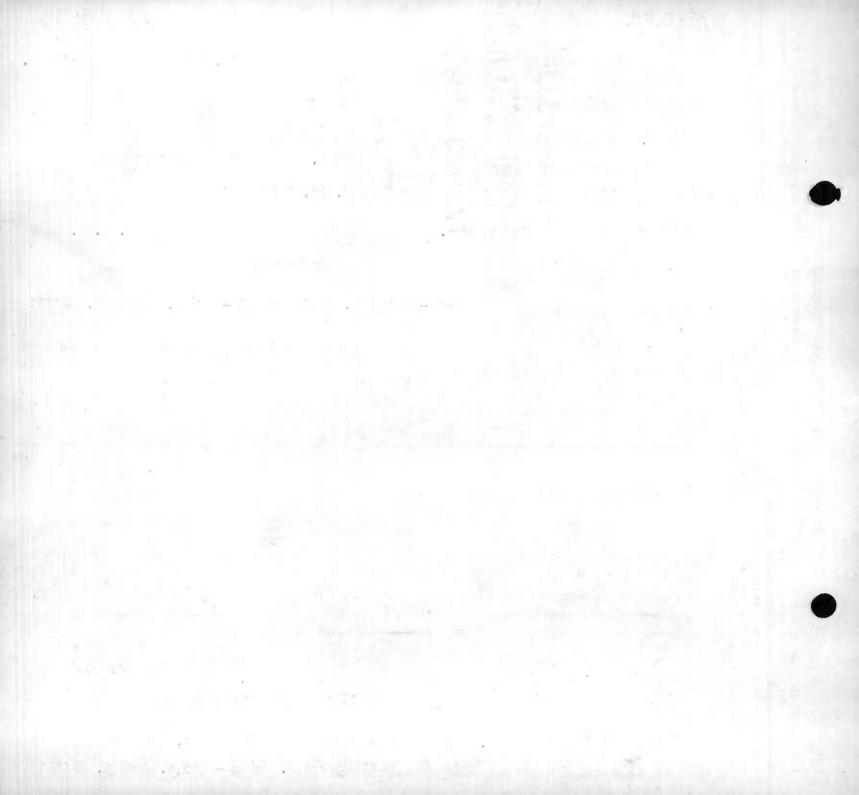
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prior to deoth.

1	0	A SHOW A		BALTIMORE CITY	HEALTH DEPARTMENT		70 00000			
7	1-23	2 70	10563	CERTIFICA	TE OF DEATH	REG. NO	70 00565			
	TH NO.	ASED				AND HOUR OF DEATH				
	an an Drine)	Melvin Jose	ph Ro	stek		ry 16, 1970	8:10 p.m.			
3.	PLACE IN BALT	IMORE, MARYLAND, V	VHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY					
HC	LL NAME OF	(IF NOT IN HOSPI'	TAL OR INS	STITUTION, GIVE STREET	Maryland c. CITY OR TOWN D. INSIDE CITY LIMITS?					
1111	3111011011				Baltimore YES NO					
	426 S.	Wolfe Stree	t		E. STREET AND NUMBER					
	00				426 S. Wolfe	Street #2	1231			
5. 5	EX	6. RACE	7. MARRI	ED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.			
M	ale	White	WIDOW	ED DIVORCED	Jan. 31, 1920	49	17011111			
		PATION (Give kind of working life, even if retired)	k 10B. KIND	OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?			
	urniture		Unic	n Bros.	Maryland		U. S. A.			
13.	FATHER'S NAM	ΛE			14. MOTHER'S MAIDEN N.	AME				
	Jose	ph Rostek	,		Mary Yamro	76				
15.		Ever in U. S. Armed Fo	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	No:	in yes, give wor or da	0. 30.		Mrs. Marie Ros	tek - 126 S.	Wolfe St. #21231			
_	18. /	2 / 1		CAUSE OF DEAT		- ACC D	APPROXIMATE INTERVAL			
	DISEAS	E OR CONDITION D	IRECTI Y		~		BETWEEN ONSET AND DEATH			
		LEADING TO DEATH	A LUNG	- I YR						
		al mean the mode a	+							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)									
	1	NTECEDENT CAUSE	S							
	DISEASES O	R CONDITIONS, if	any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:		***************************************			
	rise la lhe	abave cause (A)		•						
	UNDERLYING	CONDITION lost.		(C)						
Z O		IL ICANT CONDITIONS CO								
ATION	DISEASE OR C	H BUT NOT RELATED TO ONDITION GIVEN IN PA	RT 1 (A).							
CERTIFIC	19A. DATE OF	OPERATION 198. COI	NDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No.) 20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?			
	21 A. ACCIDEN	IT WAS UNDERLYING		21B. PLACE OF INJURY (e.g., home, farm, foctory, street, o	in or obout 21C. WHERE DID	(If In Boltime	ore City, give exact location)			
CAL		medical examiner)		etc.)						
MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour)	21 E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?				
2	(APPROX.)			While At Work Not Whi			,			
	22. I certify	that (1) (this hospite	III' attende		1/12/70	19to	116 1970			
		112 /2								
		that (I) (we) last sow the deceosed alive an III #170 19 and that in(my) (ww) opinion death occurred on the date and how and from the causes stated above. (I) (We) (did) (West) view the body after death.								
	23A. SIGNATU		7	, (I) () (did) ()	view the body offer deoff	10	23B, DATE SUGNED			
	1	. RV	and!		ending Med.	Staff	1/17/70			
	23C. PHYSICIA	Child N	your	GEGREE Phy	23D. ADDRESS	Phys. 🗀	1111110			
	PHYSICIA NAME (T	ype) R	Dan	1110	170 6	Bons	W Kn M			
24	Lace	//W /J. /	APLA	M MU DEGREE	129 3	12KOKTOWA	1313270 110			
24/	REMOVAL (S		240	NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION	City, town, or county) (State)			
]	Burial	1/20/7	0 5	t. Stanislaus C	enetery	Baltimore,	Maryland			
25/	A. DAIL REC'D	BT MEALIN DEPT.	125 B. NAA	AE OF REGISTRAR	25C. FUNERAL DIRECTO	O K	ADDRESS			

George A. Weber - 705 S. Ann St. #21231



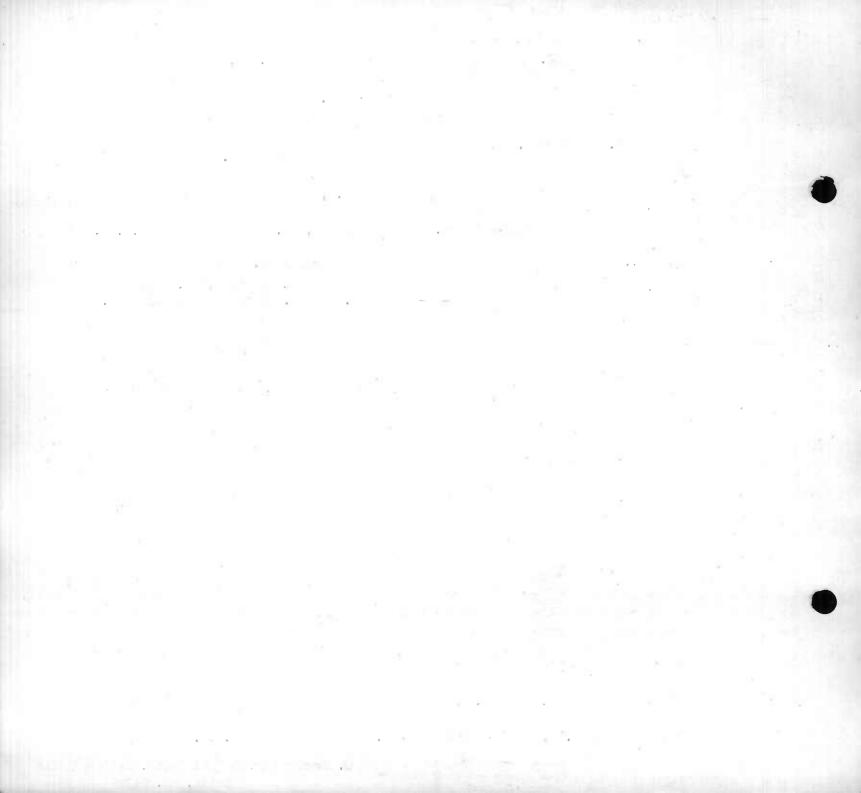
FUNERAL DIRECTOR:

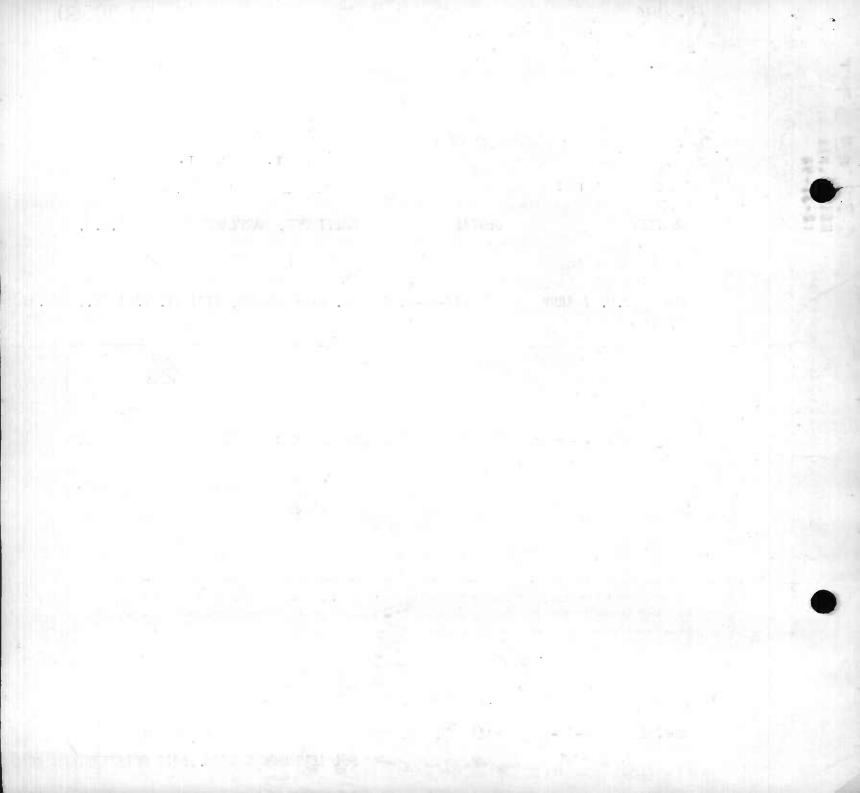
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hetter from Do. Z. immergyen. H.

MD	C-650 70 00567 BALTIMORE CITY HEALTH DEPARTMENT 70 00567
che the	BIRTH NO. CERTIFICATE OF DEATH REG. NO.
Su	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
rred in a hospital and outing cause of death led cause; (5) Deceased ar attendance on the prior to death. Such de.	CRANE, ADELE L JANUARY 15, 1970 1:20P 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institutions residence before admissional
	A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) GLOCATION GLOCA
	ST. AGNES HOSPITAL C.CITY OR TOWN D. INSIDE CITY LIMITS? NO
	E. STREET AND NUMBER
	5. SEX 6. RACE 17. MADDED TO ME TO SERVICE BY AVE 21227
rigul sed	MARKIED NEVER MARRIED S. AGE OF BIRTH 9. AGE on years II Under 3 Yr., If Under 24 Hrs.
o p o p o si	10A, USUAL OCCUPATION (Give kind of work 10B, KIND, OF BUSINESS OF INDUSTRY 12
NT nt if death direct or c 1; (4) Undet th was in n the dece	done during most of working life, even if retired) Control Give kind of working life, even if retired) Control Give kind of working life, even if retired) Control Give kind of working life, even if retired) Control Give kind of working life, even if retired) Control Give kind of working life, even if retired) Control Give kind of working life, even if retired) Control Give kind of working life, even if retired) Control Give kind of working life, even if retired) Control Give kind of working life, even if retired) Control Give kind of working life, even if retired)
de de Cun Un Un usit	13. FATHER'S NAME U.S.A.
if d rect (4) U wa the spos	JOHN BLUDIS ANNA (NEE STANN)BLUDIS
stant ind; eath	12 TVGS Peccessed Ever in U. A. Armed Porces?
当 流光スタット	NONE 217-09-4432 ST. AGNES HOSPITAL RECORDS
APOR his ass to, if 1 fany nced nced endan	18. 146.8 1 CAUSE OF DEATH 11 MYOCA-OCAL 14 OCAL APPROXIMATE INTERVAL
his his of a second	DISEASE OR CONDITION DIRECTLY
r or hi r Also ure of onoun	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure ashering etc. It means the disease.) DUE TO, OR AS A CONSEQUENCE OF:
E = 2 t ; 0 0	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Fraging E	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
exa xam wh wh	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
	ise to the above cause (A) stating the UNDERLYING CONDITION last. (C).
- i 0 0	
me me de	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
chief chief a m Body the p ysicio	
	IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, form, form, sireet, office bldg., INJURY OCCUR?
	DEATH (notify medical examiner) etc.)
pt atu	S OF INJURY
or approof any (except of any (except); and be obt	I WORK AT WORK L
	1ANIIARY"15 70 17 18
	and hour and from the causes stated above. (i) (We) (did) (did-not) view the body after death.
dent deat deat must	23A. SIGNATURE
2 9	E. When well 140. Attending Med. Staff X 1-15-70
rificate m y was rel (1) An acc S.A. at a l ed prior to	23C. PHYSICIAN'S NAME (Type) R MELGE PROS. DEGREE PROS. DIRECTOR Phys. Ed. 23D. ADDRESS BALT MORE, MD 21229
was was A. at prio	OEGREE ST. AGNES HOSP; CATON & WILKENS AVES.
L 70 0 0 0	24A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Stole)
This certil the body shows: (1) was D.O deceased written a	Jurial. 119/1970 Hely Gedeening III Gets mi
This the show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FLYHERAL DIRECTOR ADDRESS O /
	VS 150-REV. 1/1/68

M	100			BALTIMORE CITY	HEALTH DEPARTMENT		TID OUT OO
///-	-600	3	10568	CERTIFICA	TE OF DEATH	REG. NO	70 00568
BIRTH N	OF DECI	EASED	7000			AND HOUR OF DEATH	i
(Type ar		Pearl J.	Meara			16, 1970	
3. PLAC	E IN BALT	IMORE, MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If i	institution: residence before admission)
	AME OF			JTION, GIVE STREET	Md.	BultoCo	1 53-00
INSTITU	TION				Catonsville	D. INS	SIDE CITY LIMITS?
	. /	C1 1 77			E. STREET AND NUMBER		YES NO NO
	10	St. Agnes Ho	sp.		653 Colerain	10.000	
5. SEX		6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Months Days Hours Min.
Fema	ale	White	WIDOWED	X DIVORCED	Dec.3.1889	80	
			10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
Cle	erk HER'S NAA	vorking life, even if retired)	Coca-Co	ola Co.	Atlanta, Ga.		U.S. A.
3. FAIF	IEK.2 NAV	AE .			14. MOTHER'S MAIDEN N	AME	
S	emuel	J. Johnston			Martha A	. Walker	
		Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT Cator	sville, Md.21	1 228 ADDRESS
no	JI UNKNOWN)	(If yes, give war ar dote	s of service	SECURITY NO. 252-09-5115	Mr. John M. Me	· ·	
118.	. 1 . 1	1 /2 1		CAUSE OF DEAT		,dra 0)) 00101	APPROXIMATE INTERVAL
DIS iise UN	IT failure, ITY OF COM A EASES OF THE	al mean the made at asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) to CONDITION tost.	the disease, death.) any, giving stoling the	HYPEDY	SED ADDIC A CONSEQUENCE OF: ENSIVE ACTI A CONSEQUENCE OF:	ELLOS CLEP	
		OPERATION GIVEN IN PAR OPERATION 19B. CON WAS PER	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21 A.	CONTRIBU	TING CAUSE OF	21B. hom etc.)	e, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If In Baltima	ore City, give exact location)
S OF	TIME INJURY PROX.)	(Month) (Day) (Year)		INJURY OCCURRED Ile At	21F. HOW DID II	NJURY OCCUR?	
that ond 23A.	t (I) (we)	RE ALLULU N'S (PP)	d alive on	DEC. 16) (We) (did) (did not) v DEGREE Physics	iew the bady ofter deoth	Shaff Phys.	inion death occurred on the date 23B, DATE SIGNED 1-17-70
24A. 8U	RIAL CREA	MATION, 248. DATE		AME of CEMETERY of CRE	2000 0122		more Md Lity, town, or county) (State)
RE/	MOVAL (S	pecify)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Buri		Jan.19,		udon Park Cem.		alto. Md.	4.6.7.7.4
25A. DA	TE REC'D	BY HEALTH DEPT.	25B NAME	REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
AN	19 79	n निल्लिसीह कर है	and the same of	10 4 5 1	G. Truman Se	hwab 5151 Bal	Lto. National Pike
/S 150-1	PEV 1/1/6	R				Balto Mo	21220





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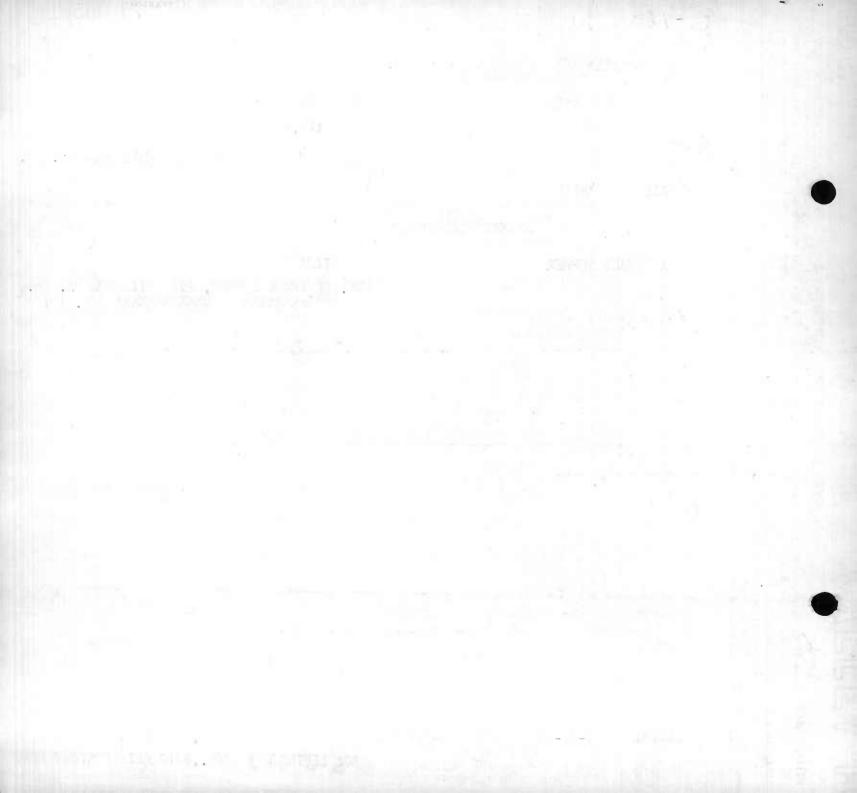
5-31/1 00 00000		HEALTH DEPARTMENT		70 00570
3-340 70 00570	CERTIFICA	TE OF DEATH	REG. NO	10 100.0
I NAME OF DECEASED		DATE AN	D HOUR OF DEATH	
(Type or Print) THEODORE A. SE	IDEL			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONG		4. USUAL RESIDENCE (When	RY 14, 1970 re deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI- HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	TUTION, GIVE STREET	MARY LAND		SIDE CITY LIMITS?
PELLEDEDE TAMEDO ADT 221		BALTIMORE		YES NO
DELVEDERE TOWERS, APT. 221 1190 W. BEKKEREREXXXX.NORT	HERN PKWY	E. STREET AND NUMBER N. 1190 W. REX	DETHERNAPEW.	Y. APT. 221
	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 8-14-1902	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE WHITE WIDOWEI	44	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)				
BROKERAGE FOO	סו	PHILADELPHIA, 1		A U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
UNKNOWN		BERTHA ALEXA	VDER	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	102-10-8897	MR. MYRON E. SI	EIDEL, 1190	W. REKNEDEREXXNE.
18. A 8 4 V	CAUSE OF DEATH		, , , ,	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(AND MANAGEDIATE CALL	se Parinoni	- al Pro.	itati
(This does not mean the mode al dying, e.g	DUE TO, OR A5	SE Care Inom. A CONSEQUENCE OF: WITH gene	1 1 7 0 0	// *
heart failure, asthenia, etc. It means the disease injury or camplication which coused death.)	e,	will gene	valived	
ANTECEDENT CAUSES		100	metalh	70 12700
	(0)	A CONSEQUENCE OF:		
rise to the obave cause (A) stating th	9	9. Z. Bleed	100	1 month
UNDERLYING CONDITION last.	(c)	J. Z. 757 CC 11	77.5	/ //2 67. 1
Z				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART + (A).				
	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES WERE	FINDINGS CONSIDERED
WAS PERFORMED	1	NO	IN CERTIFYING CA	
U 21A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g., in		(If in Baltima	ore City, give exact location)
OR CONTRIBUTING CAUSE OF he	ome, form, factory, street, of	fice bldg., INJURY OCCUR?	in in outline	any, give exact leconomy
U	E. INJURY OCCURRED	21F. HOW DID INJ	HBY OCCUP?	
W OF INJURY	/hile At Not While		OKT OCCOK:	
	/ork At Work			
22. I certify that (1) (this haspital) attended	the deceased fram	1/10	19 50 ta	1/14 1920.
that (I) (we) last saw the deceased olive an	1/14	19 7 0 ond th	at In(my) (our) op	Inian deoth occurred on the date
and haur and fram the couses stated obave.				
23A, SIGNATURE	(1) ("e) (did) (did iloi) V	Tew the bady offer death.		23B, DATE SIGNED
205:1-		nding Med.	5taff	1/14/20
236 BUYGIGIANG	DEGREE Phys		Phys.	11/1/0
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	DEGREE			
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY of CRE	MATORY 24D. L	OCATION (C	City, town, or county) (State)
TITALLE DIMETE A AC AC	DOSEVELT MEMORI	AL PK. PH	TLADELPHIA	PENNSYLVANIA
	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	ZACA O O	SOL LEVINSON	& BROS., 601	O REISTERSTOWN ROAD

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

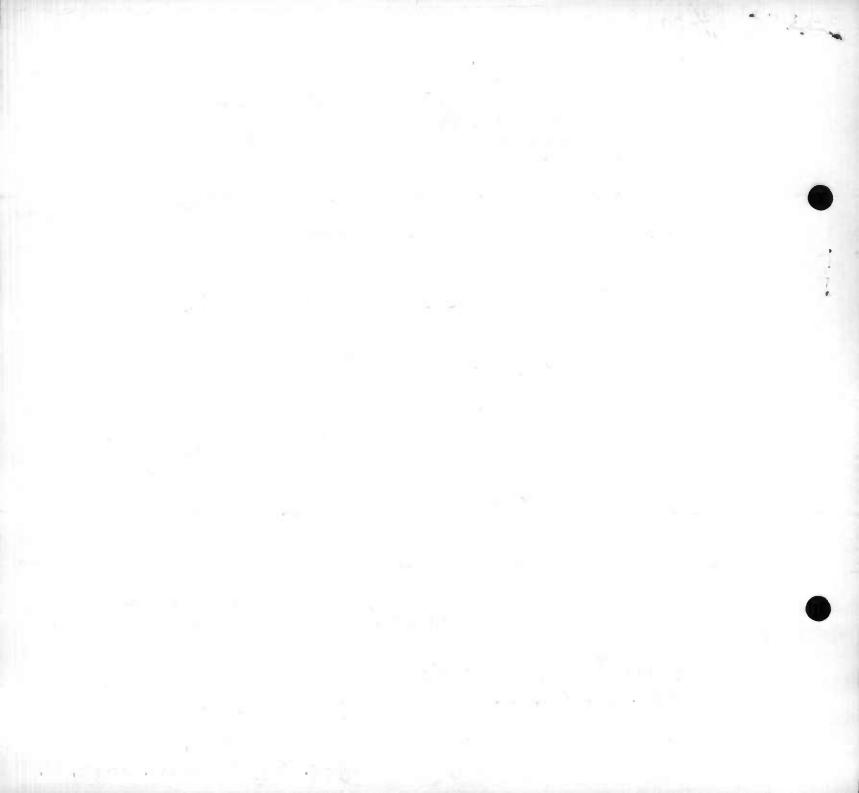
BALTIMORE CITY HEALTH DEPARTMENT



V 100	CAPPIC	BALTIMORE CITY	HEALTH DEPARTMENT		
/ /	00572	CERTIFICA	TE OF DEATH	REG. NO	70 110572
BIRTH NO.					
1, NAME OF DECEASED	VOALIOT			AND HOUR OF DEATH	
GERTRUDE I	KROUSE		JANC	IARY 16, 1970	7 A. N
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	/here deceased lived, If i UNTY	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCALINSTITUTION	AL OR INSTITU	ITION, GIVE STREET	C. CITY OR TOWN	10. CO.	SIDE CITY LIMITS?
SINAI HOSPITAL			BALTIMORE E. STREET AND NUMBER		YES NO
42				CK COURT #9	
6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
FEMALE WHITE	WIDOWED			79	
IDA, USUAL OCCUPATION (Give kind of work			11. BIRTHPLACE (State or f	oreign country)	12, CITIZEN OF WHAT COUNTRY
HOUSEWIFE	AT HO	ME	HUNGARY		u.s.A.
JOSEPH ABRAHAMS			14. MOTHER'S MAIDEN N	?	
5. Was Deceased Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dote	s of service)	SECURITY NO.	MRS. RUTH MILI	LS. 6503 GLEN	WICK COURT #21209
18. / / / / / / /	-	CAUSE OF DEAT		,	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIE	RECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH		AND THE CAL	SE ACUTE MY	CARDIEL INF	ARCHON TERMINAL
(This does not mean the made of		DUE TO, OR AS	A CONSEQUENCE OF:	2///0////	1
heart foilure, osthenio, etc. It meons injury or complication which coused					
ANTECEDENT CAUSES		1000	10		100000000000000000000000000000000000000
ANTECEDENT CAUSES		(B) ASCI	<u> </u>		GMONTHS
DISEASES OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) UNDERLYING CONDITION last.	stating the	(a)			217 12001
ONDERCTING CONDITION (dsi.		(c)			***************************************
O OTHER SIGNIFICANT CONDITIONS CO					
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL				
19A. DATE OF OPERATION 19B. CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CON WAS PERI	FORMED			IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218, home	e, form, foctory, street, of	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)
OF IN ILLEY (Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID I	NILLRY OCCUP?	
OF INJURY (APPROX.)		le At Not Whil			
22 1 25 4 2 4 4 4 4			Dec	19 65 to 1	~ /10 1969
22. I certify that (I) this hospital		1	DECI		
that (I) (we) lost sow the decease	ed olive on	12/10	19.69 ond	that in (my) (our) op	inion deoth occurred on the dot
ond hour and from the couses stat	ted obove. (1)	(We) (did) (did not) v	iew the body after deot	h.	
23A. SIGNATURE	101				23 B. DATE SIGNED
Vanas e JV: 11	161/h	M. P. Atte	nding Med.	Staff	1/1/20
23C BHYSICIANE	100/01	DEGREE Phy	S. Director L	Phys.	1/16/10
1 IRVING W	OLFE,	m.D.	U.S. PUBLIC H	EALTH HOSPITA	AL.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	-	ME of CEMETERY OF CR	EMATORY 24D	LOCATION (C	City, town, or county) (Stote)
REMOVAL-BURIAL 1-20-70	(a) A	LDHEIM CEMETE	PV C	HICAGO, ILLIN	2101
214 PATE RECID BY HEALTH DEPT.	28B. MAME O		25C. FUNERAL DIRECT	OR	O REISTERSTOWN ROAD
			U DO TENTIAGON	J 5003.,007	V KELDICIONIO KORO
'S 150-REV. 1/1/68					

Parker, Fight Soft Sold WHITEHAM, WHYCHAM AE WALLIAGO DE TREE STATEMENTS LINES OF 7 The later associated for the first from which is the start of MAR INTERSECT AND A SECOND AND A SECONDARY OF A

VS 150-REV. 1/1/68





VS 150-REV. 1/1/68

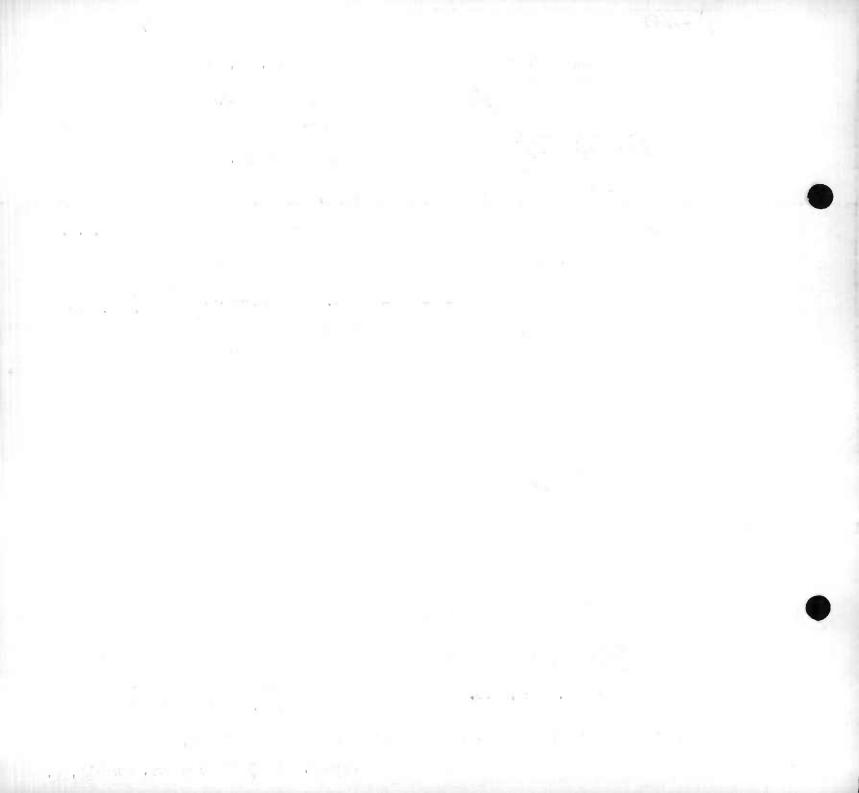
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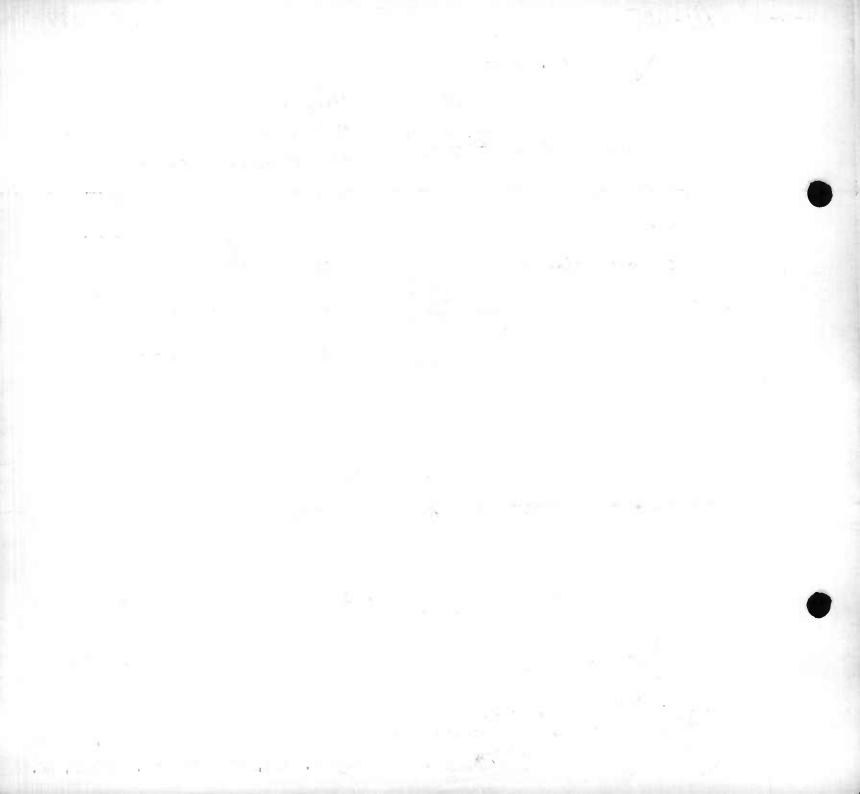
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

Hours Min.

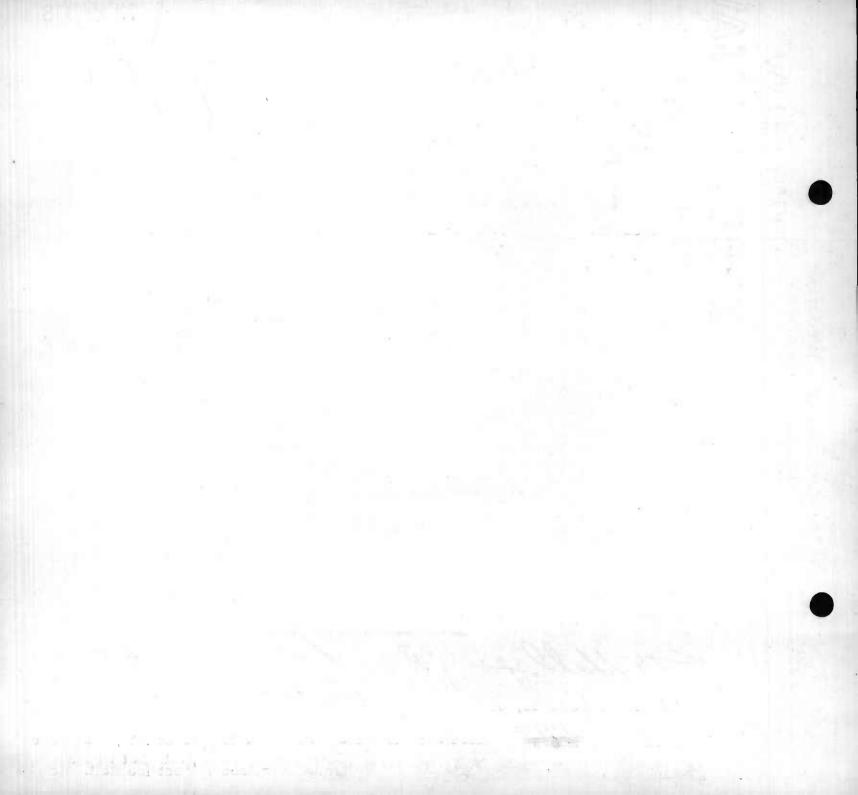


VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

T and		HEALTH DEPARTMENT		70 00578
# 236 70 00578	CERTIFICA	TE OF DEATH	REG. NO.	70 90076
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	^
(Type or Print) MARU ELLON	FASSDOR	1-14	-70 1:30	PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A STATE B. COUN	e deceased lived. If ins	titution: residence before admission)
ENLL MANAGOE (IE NOT IN MOCRITAL OR IN	CTITUTION CIVE CTREET	md Bu	LITIMORC	2011
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	SITUTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?
LIPLANDS HOME FOR	Church	BALTIMOR		YES MO
4501 DED FREDERICK A	of Women	E. STREET AND NUMBER		- Lad
BALTIMORE Md.		4501 Abd F	Rederick	PJ.
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
F White WIDOW	VED DIVORCED	6/13/1886	lost birthdoy)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B. KINS	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	wn Homes	BALLAND	Masul	11161
Housewife O	wn Home	DALLTIMORE	JARY LANO	237.
11.001 (11	11	- 1/.	, ,	17
MARKY ELLSWORTH	WARD	EMMH VIR	61N14	DeHRd
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	215.09-81441	Isabelle P. L	ANG LIEV	
18.436.91	CAUSE OF DEATH	1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Senua	beed ar ler	melerono	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CALIMMEDIATE CAU	SE and DU	20ke	over I year
(This does not mean the mode of dying, hearf failure, asthenia, etc. It means the dise		CONSEQUENCE OF:		0
injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, gi	· ing	A CONSEQUENCE OF:		
rise to the obove cause (A) storing UNDERLYING CONDITION lost.	(C)			
1	(3)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI		-10		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	VAL			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAU	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		No	W ORKII III O CAO	The second secon
OR CONTRIBUTING CALLES OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)
DEATH (notify medical examiner)	etc.)			
OF INJURY (Month) (Doy) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
E (APPROX.)	While At Work Not While At Work			
22 1 24 1 (1) (1) (1)		21 14 11/2 1	966 to Ja	100
22. I certify that (I) (this hospital) attend	5 . 13	-7 -1		
that (1) (we) last saw the deceased alive	an	19 <i>L.Q</i> and the	atin(my) (o>>>) apln	ian death accurred an the date
and haur and fram the causes stated abav	e. (1) () (did) (d id not) v	iew the bady after death.		
23A. SIGNATURE	O 9nP			23B DATE SIGNED
Thetallas	After Phys	Med. Director	Staff Phys.	17 Jan 10
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		a BALTO
TT712	n	6630 BALTIM	TORE NATIO	NAC (IKE 2/22)
Wilmer K. Galleger, J. 24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE			y, town, or county) (Stote)
REMOVAL (Specify) 1/16/70	12070 50 50 50		The state of the s	
Burial F. S. NAME OF THE PROPERTY AND ASSESSED ASSESSED AND ASSESSED ASSESSEDA	Moreland Mem	orial Park Ba	altimore Co	unty, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAI	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	6212 Balt.	Nat'l Pike Inc Balt. Md. 28
THE RESERVE THE PROPERTY OF THE PARTY OF THE				
VS 150-REV, 1/1/6B		Wm. DCook-B	rooks West	Inc Balt. Md. 28



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7 700 50 005									
BIRTH NO.	80 CERTIFICA	TE OF DEATH REG. N	o. 70 00580						
1. NAME OF DECEASED		2. DATE AND HOUR OF D	EATH						
FAULKNER	. THELMA B	01-14-70	1 3:05P						
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY							
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND BALTO	co. 53-00						
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	. INSIDE CITY LIMITS?						
ST. AGNES HOSP.		BALTO.	YES X NO						
WILKENS & CATON AVE.		E. STREET AND NUMBER							
BALTIMORE, MD. 21228	C	1102ELMRIDGE AVE.							
SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In your							
	OWED DIVORCED	03-16-03 lost birthdoyl	Months Doys Haurs Min.						
DA. USUAL OCCUPATION (Give kind of work 108, KIP one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR						
RETIRED - SECRETARY		MARYLAND	USA						
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	USA						
ROBERT SYLVIA	DEC 'D	NORA CONNOR	DEC 'D						
Was Deceased Ever in U. S. Armed Forces?	I A SOCIAL	17. INFORMANT							
es, no or unknown) (If yes, give wer or dotes of ser	SECURITY NO.		ADDRESS						
	217-03-275		RD ROOM WILKENS,						
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	8	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,									
injury or complication which caused death.)	ny or complication which coused death.)								
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	(8)	12 my occurrent of	relaction						
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rise la lhe above couse (A) staling UNDERLYING CONDITION last.	(c)	A CONSEQUENCE OF:	hefor Ten						
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ise In the above couse (A) staling UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION (IVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinal) 21D. TIME (Manth) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (1) (this hospital) attended that (A) (we) last sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 24B. DATE 24B. BURIAL 24B. DATE 24B. DATE REC'D BY HEALTH DEPT. 25B. NAME	ING NAL FOR WHICH OPERATION 218. PLACE OF INJURY (a.g., inhame, farm, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, farm, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, farm, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, farm, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, farm, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, farm, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, farm, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, farm, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, farm, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, farm, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, farm, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, farm, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, farm, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, farm, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, farm, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, farm, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, farm, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, farm, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, factory, street, official) 218. PLACE OF INJURY (a.g., inhame, factory, street, official) 219. PLACE OF INJURY (a.g., inhame, factory, street, official) 219. PLACE OF INJURY (a.g., inhame, factory, street, official) 219. PLACE OF INJURY (a.g., inhame, factory, street, official) 219. PLACE OF INJURY (a.g., inhame, factory, street,	20A. AUTOPSY? (Yes or No) NO NO NO NO NO NO NO NO NO N	VERE FINDINGS CONSIDERED 3 CAUSES OF DEATH? Illimare City, give exoct lacoffan) 1 - 14 - 19 / 0 opinion death occurred on the date 238. DATE SIGNED / / / / 7 0 LKENS & CATON AV (City, town, ar county) (State) COUNTY MD.						

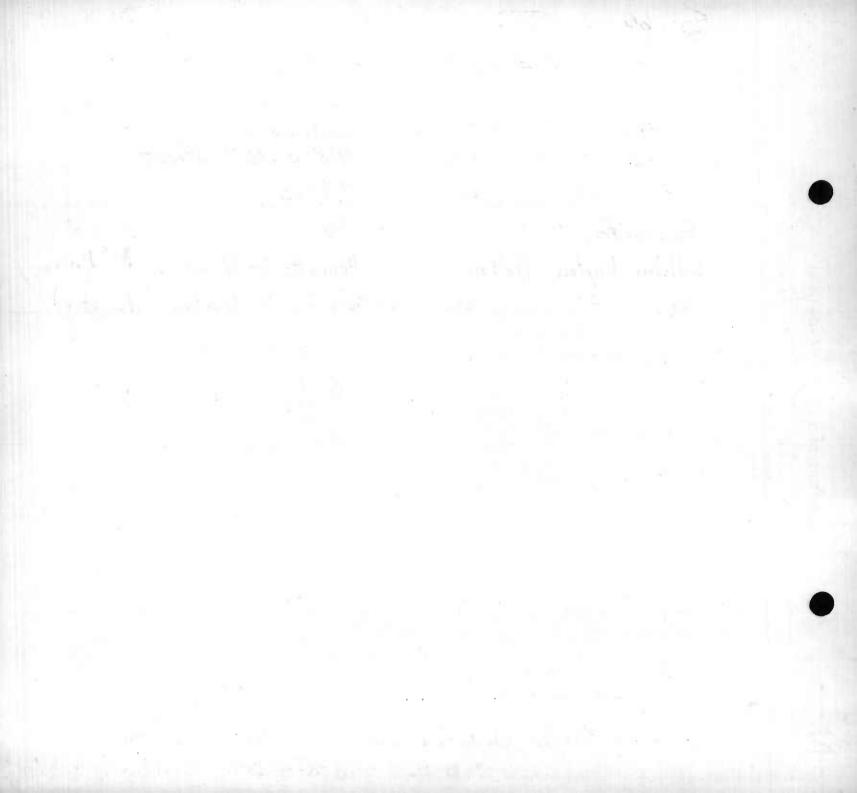
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FUNERAL DIRECTOR: IMPORTANT

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BIR	RTH NO.		10 0	COCK		CERTIFIC	ATE C	F DEAT	Н	REG.	NO	70) :)[)581	
	NAME OF DEC pe or Print)		HEAT,	HILD	A C					ARY 1		970 1		2:45	P
3.	PLACE IN BAL	IMORE MAI	RYLAND, W	HERE PRON	OUNCED	DEAD	4. USU	AL RESIDENCE	Where	deceased li	ved II in:	stitution: r	esidence	heloro od	missi
FU	ILL NAME OF DISPITAL OR STITUTION	(IF NOT		AL OR INST		GIVE STREET	MA c. CITY	RYLAND ORTOWN LTIMORE	OUNI	ny		DE CITY L	IMITS?	85	4
	160	ST.	AGNES	HOSP	ITAL		E. STRE	ET AND NUMB	ER		<u></u>	YES X		ио 📗	
-	-16							06 AMBE	RL	Y AVE	212	229			
F	EMALE	WHIT	E	WIDOWE		ER MARRIED	01	OF BIRTH /31/97	10	AGE (In your birthday)	ors	If Unde Months	Doys	If Under Hours	24 H
gou	USUAL OCCU during most of v ET RED	PATION (Give vorking life, eve	kind of work in if retired)	IOB KIND	OF BUSINE	SS OR INDUST	RY 11. BIRT	ARYLAND		n country)			ZEN OF	WHAT CO	UNT
13.	FATHER'S NAM	A E						HER'S MAIDEN							
		rank	Rick				14. 14.01			Lambert					
Nes No	Was Deceased s,no or unknown) O	Ever in U. S. (If yes, give	Armed Ford wor ar dotes	es? of service)	1 6. SOC SEC	URITY NO.	17. INFO	. AGNES	0. H	Wheat OSPITA	470 L RE	6 Amb	erly DS	ssAve.	
~	This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) stating the UNDERLYING CONDITION last. (C)					Tion	ae st	ap pr	h wje	elje	ภา	***************************************		******	
F	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	BUT NOT REI	LATED TO TH	E TERMINAL	-	DEDATION	120A	UTOPSY? (Yes o	- A1-V	000			**********	**********	
	19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED						200.7	(O)OPSIA (162 o	140/	208. IF YES, IN CERTIFY	NG CAU	SES OF E	CONSIE	DERED	
CAL	ICO CONTRIBUTE DID III IN BOILINGS City, give exact location														
3	21 D. TIME OF INJURY (APPROX.)	(Month) (Do	y) (Yeor)	w	E INJURY	OCCURRED Not Wi	hile 🔲	21F. HOW DID	INJU	RY OCCUR?					
	22. I certify that (I) (this hospital) attended the deceased from JANUARY 6 19 70 to JANUARY 13 1970														
	that (1) (we) last saw the deceased alive on JANUARY 13 19.70 and that in (my) (our) opinion death accurred on the date and hour and from the causes Appled above. (1) (We) (did) (did not) view the body after death.														
	23A. SIGNATUR	E	A A	BAL	A/K	all .		Med.		haff X		23B. DATI	SIGNE	D	
	23C. PHYSICIAN NAME (Ty	AF	211	10		M.D.	ST .	Director L LESS BALT AGNES H	0,1	MD 212		WILI	KENS	AVE	S
	BURIAL CREM REMOVAL (Sp Burial	ecify)	DATE 16-197			Park Cem	REMATORY			timore,		vland	•	(S	to te)
5A.	JANTO			SB. NAME			25C. F	uneral direc	TOR				ADD		229
c 1	50-REV. 1/1/6					-	1110	- 4 11 110	~ 55	- Lu, - T.	.0/ 14.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	V		

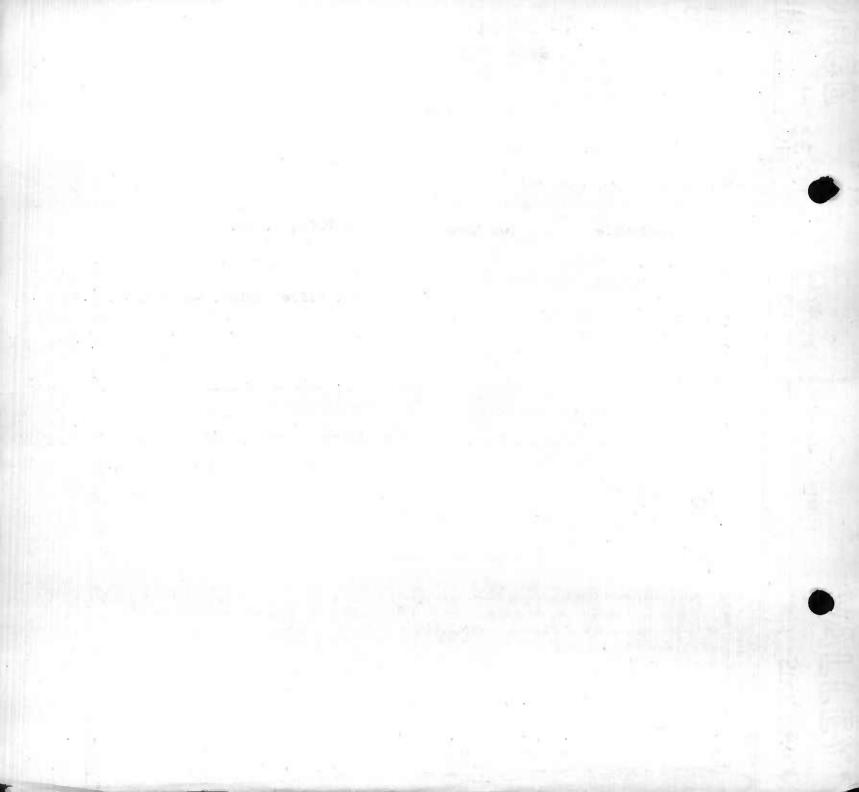
freezeway apole merchant

0 .10 00 00500	BALTIMORE CITY HEALTH D	EPARTMENT	70 00500
BIRM NO.	CERTIFICATE OF	DEATH REG. NO.	70 110582
1. NAME OF DECEASED	11 11	2. DATE AND HOUR OF DEATH	
(Type or Print) Henriette Hai	ton Shemice	R 1-16-70	м.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD 4. USUAL	RESIDENCE (Where deceased lived, II in B. COUNTY	nstitution: residence before odmission)
FINE MAME OF THE MOTINE HOSPITAL OR INSTITUTE	- 1 1	011	9/14
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	C. CITY OR	TOWN	IDE CITY LIMITS?
HOUSE IN The F	IALDE DI	1 .	YES NO
90 110000		AND NUMBER //	/
1 5837 BeLAIR RO.	7D 908	E 30 th Stree	et
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED B. DATE OF	BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
WIDOWED WIDOWED	DIVORCED 3/6	192 77	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF Bidone during most of working life, even if retired)	SINESS OR INDUSTRY 11. BIRTHPE	ACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
tacca in ta	Md		-715 A
13. FATHER'S NAME	14. MOTHE	R'S MAIDEN NAME	11311
3:11: 1 / //	11	11 0111	1 Mct
William Layton Holton	Heni	letta Golds broug	h 11 renney
15. Was Deceosed Ever in U.S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SOCIAL 17. INFORM	ANT	ADDRESS
No -	20-307-160 Matter	and P. Burton	(daughter)
1B. / /	CAUSE OF DEATH	7	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	P 4 10 M		A A A A A A A A A A A A A A A A A A A
LEADING TO DEATH	(A) IMMEDIATE CAUSE	occurren	2 km
(This does not mean the made of dying, e.g., heart lailure, osthenio, etc. It means the disease,	DUE TO, OR AS A CONSEQU	NCE OF:	
injury or complication which caused death.)	4	/	
ANTECEDENT CAUSES	a and sol	CV dulan	5 An
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS A CONSEQ	JENCE OF:	
rise to the above cause (A) sloting the			
UNDERLYING CONDITION last.	(C)		
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PL	CH OPERATION 20A. AU	TOPSY? (Yes of No) 208. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED		IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING 218, PL	ACE OF INJURY (e.g., in or obout 21	C. WHERE DID (If In Boltimo	re City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) etc.)	arm, lactory, street, office bldg., IN	JURY OCCUR?	
U			
U OF INJURY		F. HOW DID INJURY OCCUR?	
(APPROX.) While Work	At Work At Work	1.	
22. I certify that (I) (this haspital) attended the	deceased fram	2/12 1966 10	1/16 19 0
that (I) (we) last saw the deceased alive an	1/16 19	D and that in (my) (aur) op	inlan death accurred on the date
and haur and fram the causes stated above. (1) (
23A. SIGNATURE	re/ (did) (did not) view the bo	ay differ death.	23B, DATE SIGNED
1 0m = F 1	/ MIN Attending	Med. Staff	1/12/20
Marriel Idman	DEGREE Phys.	Director Phys.	1/11/10
NAME (Type) Maurice Feldman Jr.	23D. ADDRE	o a hace called	Thu BI Wh
Maurice Felaman Jr.	M.D. DEGREE 66/	CHOSS COUN	IN ISUVIS
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	of CEMETERY OF CREMATORY	24D. LOCATION (C	ity, town, or county) (Stote)
Busine 1/10/2 101 +	S.11 d.	(U.J
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF	REGISTRAR 25C. FU	NERAL DIRECTOR	ADDRESS
JAN 19 1970 200 8 30 Cm	ma 0 0 0 0 0 0	set on Bros Car	troville M.
	2 T T T T T T T T T T T T T T T T T T T	The This town You	



BALTIMORE CITY HI	EALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH PEG NO. 70 00583
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) EDNA OHL	2. DATE Known A Manth Day Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted January 15, 1970 M. 3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	January 15, 1970 '1:47 A.M. 5. USUAL RESIDENCE (Where deceased lived. # institution; residence belgre admission)
Bon Secours Hospital (DOA)	A. STATE B. COUNTY 2003
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White widowed □ DIVORCED □	Baltimore YES 🖔 NO 🗌
9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr, II Under 24 Hrs. lost birthday) Manths Days Haurs Min.	E. STREET AND NUMBER
Feb 22, 19/2 57	1931 Ramsey Street
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTR	George J. Singer
done during mast of warking lile, even il retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	MARGAREZ TILLMAN
(Yes, na ar unknawn) (Il yes, give war ar dotes al service) SECURITY NO.	11 1 OUI 1991 P. C. BAIRE,
NO NOIVE 216-28-8180 CAUSE OF DEA	TH TOWARD OFF TO THE TOWARD INTERVAL
DISEASE OF CONDITION DISEASE.	pertensive cardiovascular disease
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE	
	AS A CONSEQUENCE OF:
injury ar camplication which coused deoth.)	
ANTECEDENT CAUSES (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I INDESTRING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
lo o	
228. PLACE OF INJURY(e.g., olive underlying or contributions of death.	In or about 22C. WHERE DID (II in Baltimare City, give exact location) e bidg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB- hame, larm, lactary, street, ollic	e bidg., etc.) INJURY OCCUR?
22D. TIME (Manth) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) m. WHILE AT WORK AT V	WHILE O
23. I certify that I held an Inquiry Inspection X Au	
	Topic and the second se
resulted fram: Natural couses X Accident Suici	de
ACTUAL / LA Y, 20 al 2 ll'	ASSISTANT MEDICAL EVAMINED TO DATE SIGNED
SIGNATURE M.E. EXAMINER'S Isitore Mihalakis, M.D.	ASSOCIATE MEDICAL EVANINED
NAME (Type)	January 16, 1970
24A BURIAD CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specily)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
BuriAl 1-19-70 Louden PARK	Com. Balto. Md.
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
JAN 19 91	George L. Schulah Balta Md
VS 151-REV. 1/1/68	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

	HEALTH DEPARTMENT
6-263 70 00584 CERTIFICA	TE OF DEATH X REG. NO. 70 00584
DIKIN NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
GOGERTY, Twila	1/13/70 10:00 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland Allegany / ID. INSIDE CITY LIMITS?
INSTITUTION	Cumberland YESK NO
9	E. STREET AND NUMBER
The Johns Hopkins Hospital	14 Virginia Avenue
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
Female White WIDOWED DIVORCED	12/07/99
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Housewife Own Home	JUNIOR, W. VA. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
G. W. Corrick	Mattie Row
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no	Mrs. Alice Zorick, Cumberland, Md. Daughter
18.20 CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Care	like Whiteful MC (1) BETWEEN ONSET AND DEATH
LEADING TO DEATH	JSE JSE
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
injury ar camplication which coused death.)	1 on caracter 1 41 de
ANTECEDENT CAUSES	SUMPOIN
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF
rise to the obove cause (A) stating the UNDERLYING CONDITION lost. (C)	tras volus resease long lenn
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART + (A).	10, 6) pulmonay injoyof
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED.	YES IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURYYO.G.,	in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, or DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not While At Work At Work	
22. I certify that (1) (this haspital) attended the deceased from	19 (Ato 19 (3) 19 (4),
that (1) (was) lost saw the deceased alive on	19 Gond that In(my) (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (Mg) (did) (did-not)	
23A. SIGNATURE	23B. DATE SIGNED
Ph.	ending Med. Staff Phys. Phys. R
23C. PHYSICIAN'S	23D. ADDRESS
Richard Katz, M.D.	The Johns Hopkins Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial Jan. 16, 1970 St. Mary's	Cemetery Cumberland, Allegany, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 19 1970 Care Jahren	James Fa Scarpelli, Cumberland Md.



FUNERAL DIRECTOR: IMPORTANT

-	1-001	7	MAIN TO	S ===		HEALTH DEPARTMENT		70 00585
BIRT	H NO.		70 0	0585	CERTIFICA	TE OF DEATH	Registered Na.	70 00000
M.E	CASE NO.				CERTIFICA			
	AME OF DEC	MR	CBI	RUCE M	TCHELL SHU	2. DATE A	Jan 12 19	70 4.50 pm
3. P	LACE OF DEA	TH IN BALTI	MORE, MARY	LAND			ere deceased lived. If in	stitution: residence before admission)
l F	ULL NAME O		in hospital or s or location)	institution, (give street	A. STATE B. COU	Ballino	RURAL ond give township)
"	NOITUTITZN					Baltimore		
	. / . 09 M	aryland	Genera	al Hosp	ital		f rurol, give location)	
	40					1632 N.	Calruk	
5. \$	EX	6. RACE	/		NEVER MARRIED), DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	Male	W	mi	Nen	- 1	6/29/1904	65.	
						11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
done	during most of					Nark (LS.
12	Maint		2					42.
13.	FAIHERS NAM	N.E				14. MOTHER'S MAIDEN NA	AME	
	Ira	D. S	Shu			Elizabe	eth Lazenby	
15.	Was Deceased	Ever in U. S.	Armed Force	s?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes	, no or unknown	(If yes, give	wor or dotes	of service)	SECURITY NO.	Mr. Paul Shu	Ale	xandria, Va.
	No				213-38-8204		7120	
	1B. 416.	9 1			CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
		SE OR CONE		CTLY		01		
		LEADING T			(A)	Shorle & Co Myoundid	udiac (M	rst
	(This does n				DUE TO			
	heart loiture, injury or com						T1 .	3
		ANTECEDEN			(B)	Myocardial	neartion	4
					DUE TO			
	DISEASES C				101			
	rise to the			storing the	(C)	கழ்த்தைகள் இளைவுளர் பொருத்த்த் இப்படைற்ற இப்படைற்ற இருக்கு வட்டு இறுக்கு வட்டு இற		
Н								
z	OTHER SIGNI	III CANT CON	IDITIONS CO	NTDIBILTINA	2			
ATIOI	TO THE D	EATH BUT	NOT RELAT	ED TO TH				
A	DISEASE OR				WILLIAM CREATION	120 A ALIZO BOYO /V A	1-1 200 IF MES 1400F	FINANCE CONCERNS
ERTIFIC	19A. DATE OF	OPERATION	WAS PERFO		WHICH OPERATION	ZUA. AUTOPSY? (Yes or P	IN CERTIFYING CA	FINDINGS CONSIDERED
AL CE	21A. ACCIDEN OR CONTRIBL DEATH (notify	JTING CAL	JSE OF	21 B. hom etc.)	e, form, foctory, street, of	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(II in Boltimor	e City, give exact location)
2								
ш	OF INJURY	(Month) (D	loy) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	(APPROX.)			Whi	ile At Not While			
	22 Leastifu	that (1) (thi	s beseited)	attended ti			10 4-	19
					ie deceased itam			
	that (I) (we)	last saw th	e deceased	alive an	va 10 va a a a a a 200 a a a a a a a 200 a a a a	19and 1	hat in (my) (aur) ap	inian death accurred on the date
			auses state	d abave. (I) (We) (did) (did nat) v	iew the bady after death		
	23A. SIGNATU	IRE						23B, DATE SIGNED
		Mila	a a	e. 6	Zhu M.D. Atte	nding Med.	Stoff Phys.	1/12/1970.
	23C. PHYSICIA	N'S				23D. ADDRESS		
	NAME (T	ype) M.	S. AT	~ 1BA	AHIM M.D.	May land	Count	HOP.
24 A	BURIAL CRE				AME al CEMETERY of CRE			ity, town, or county) (State)
	Buria		/17/70	M	t Comfort	F	airfax Co., V	iroinia
25.4	. DATE REC'D		,	1	OF REGISTRAR			
IN	N 1 0 10		1 20 1	auben M	. 0	Commingham F	unaral Home	Inc. Alexandria, Va
UP	MIA	And And		The state of	7000	Cunningham F	dietai nong,	11.01
	150-861/ 1/1/.	6.5			T		3/7	

X . X . .

PT 64

24A. BURIAL CREMATION, REMOVAL (Specify)

BURIAL

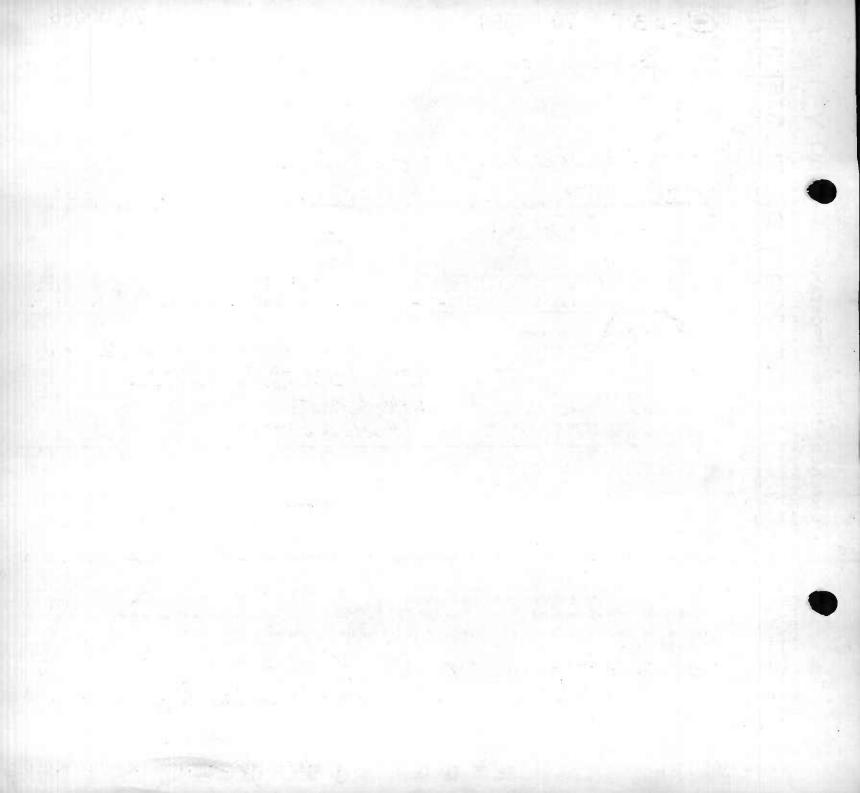
25A. DATE REC'D BY

VS 150-REV. 1/1/6B

Such

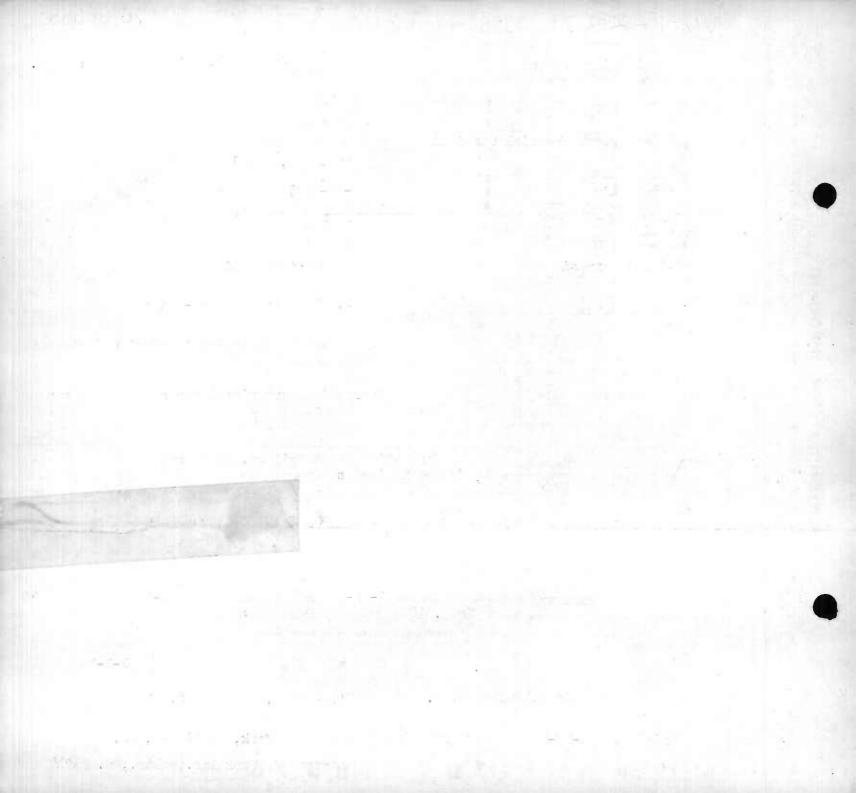
7 ,-	- 70 6	10500	BALTIMORE CITY	HEALTH DEPARTA	MENT		70 0	0586
STRIH NO.	35 /01	10586	CERTIFICA	TE OF DEA	TH	REG. NO	70 0	0000
NAME OF DEC	EASED			2.	DATE AND HOL	IR OF DEATH		
Type or Print)	XXXXXXXXXXX E	dular	d STEWART	GORDON	1/18/	70		16
PLACE IN BAL	TIMORE MARYLAND, WI	HERE PRONOU		4. USUAL RESIDEN	CE Where dece	osed lived. If in	stitution: residen	ce before odmissio
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION)	TION, GIVE STREET	Marylan c. City OR TOWN	d	D. INS	IDE CITY LIMITS	04
(11)				Baltimo	re		YES X	NO 🗌
Hor For	& Gardens	Murs	ing Home	E. STREET AND NO	JMBER			
SEX	6. RACE	7. MADDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years	If Under 1 Ye Months: Doys	, If Under 24 Hr
M	11/1/2 1	WIDOWED		T 7 00	lost birt			Hours Min.
A USUAL OCC	UPATION (Give kind of work)			July 29,	LOSS	86 Yrs.		DE WHAT COUNT
	working life, even if retired)					,		
etired -	Bookkeeper	Varied		PENNSY	LVANIA		USA	
FATHER'S NA	ME			14. MOTHER'S MAI	DEN NAME			
UNKNOW	IN			UNKNOWN				
. Wos Deceosed	Ever in U. S. Armed Force	es?	1 6. SOCIAL	17. INFORMANT	wife		ADI	ORESS 21218
	(If yes, give wor or dotes		SECURITY NO.	1/ TI		C 1	1017 04	
YES	WW XX I	,	197-16-0504		ence E.	doruon,		ROXIMATE INTERVAL
DISEASES (nplication which caused ANTECEDENT CAUSES DR CONDITIONS, if a e obove cause (A) G CONDITION lost.	ony, giving	100	Ulean + A CONSEQUENCE O		Durin	2-	
UNDERLTIN	G CONDITION IOSI.		(c)	0 000000				
TO THE DEAT	II FICANT CONDITIONS CONTINUES TO THE	IE TERMINAL						
	OPERATION OPERATION 19B. CONI WAS PERF	DITION FOR W	HICH OPERATION	20A. AUTOPSY?	Yes or No) 20B, IN C	IF YES, WERE	FINDINGS CON USES OF DEAT	ISIDERED H?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medicol exominer)	21 B, home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	n or obout 21 C. WHER	RE DID C CU R?	(If in Boltimos	re City, give exo	ct location)
21D. TIME	(Month) (Doy) (Yeor)	(Hour) 21E	INJURY OCCURRED	21 F. HOW	DID INJURY O	CCUR?		
21D. TIME OF INJURY (APPROX.)		Whil	e At Not While	e 🗌				
22. I certify	that (1) (this hospital)	ottended th	e deceosed from		19	to		19
	lost sow the deceose			19		my) (our) opi	inion deoth o	curred on the de
	d from the couses state	ea obove. (1)	(me) (did not) v	new the body offe	r aeath.	- A	23B. DATE SIG	SNED
23A. SIGNATI	MAPE	rie	NO DEGREE Phy	ending Med.	tar Shaff Phys.		gan. 1	5,1970

24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION town, or county) 24B. DATE 1/22/70 BALTIMORE, CO. MARYLAND WOODLAW 258. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR HEALTH DER MOWEN CO.108 W. North Av. Cityl



tatio, view, done, Infance the standardament has encreased agent there region 1/19/10 Hilleres Herial Pint, F. Cuel Marin, Milannes Margiand in marine General S.E. Little S.S. Sunday County

1	VI -nn			BALTIMORE CITY	HEALTH DEPARTMEN	IT "	F#1 11115 0.0
BIRT	1-522 HNO.	70 1	10588	CERTIFICA	TE OF DEAT	H REG. NO	70 00588
1. N.	AME OF DECEASED				2. DAT	E AND HOUR OF DEATH	1
{Тур	e or Print) Petri	na Mancus	60		Ja	nuary 7, 1970	1 1:00 A. N
3. P	LACE IN BALTIMORE,	MARYLAND, WI	ERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, II	institution: residence belore odmission)
	L NAME OF (IF I	NOT IN HOSPITA	L OR INSTITU	JTON, GIVE STREET	Maryland	Bullet	53.00
INS	ΠΤυποΝ				Baltimore	D. IN:	SIDE CITY LIMITS? YES NO NO
	Un	ion Memor	rial Ho	spital	Ford Road.	7	ork MD
5. S	EX 6. RACE		MARRIED F	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. II Under 24 Hrs.
	Female Whi	te	WIDOWED [DIVORCED	8-27-1887	lost birthdoy) 82	Months Doys Hours Min.
	USUAL OCCUPATION during most of working life		OB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	r loreign country)	12. CITIZEN OF WHAT COUNTRY
]	Housewife	, even ii remed,	Home		Italy		USA
13. F	ATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
	Luigi Sciaba	rrasi			Margaret V	alanti	
5. V Yes	Vos Deceosed Ever in l ,no or unknown) (II yes,	J. S. Armed Force	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
]	No	ni bet		216328804B	Mr. Nicholas	s Mancuso - Sa	ame
ATI	LEADING (This does not mean heart loiture, asthenia, injury ar camplication	elc. II means which caused DENT CAUSES DITIONS, if a cause (A) ITION last. II ONDITIONS CON TO THE LATED TO THE	dying, e.g., the disease, death.) my, giving stating the TRIBUTING ETERMINAL 1 (A).	(B) Ge (B) DUE TO, OR AS (C) Congestive and anging	eneralized are a consequence of: The heart fails all ayndrome	yocardial infa	years years
CERTIFIC	O OPERATI	WAS PERFO		VHICH OPERATION	ZUA. AUTOPSY? (Tes	IN CERTIFYING CA	AUSES OF DEATH?
	21 A. ACCIDENT WAS OR CONTRIBUTING DEATH (notily medical	CAUSE OF	21 B. hom etc.)	PLACE OF INJURY (e.g., in e, larm, lactory, street, of	n or obout 21 C. WHERE DI	ID (II in Boltimo	are City, give exoct location)
0	21 D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Year)		INJURY OCCURRED le At	e 🗂	INJURY OCCUR?	
	22. 1 certify that (1)	(shiexhe spine)	attended th	ne deceased from 7-	25-68	19 68 to]	<u>-7</u> 19 70
							Inlon death accurred on the date
	and haur and fram th	e causes state	d above. (1) (We) (did) (did nat) v	lew the bady after de	ath.	
1	23A. SIGNATURE	10	Л				23 B. DATE SIGNED
	they bles	K. Vu	llen	Atte Phys	nding Med.	Staff Phys.	1-7-70
	23C. PHYSICIAN'S NAME (Type)	nyllis K.	Pullon	GEGREE	23D. ADDRESS		0-
24A.	BURIAL CREMATION,			ME of CEMETERY OF CRE		Maryland 210	Oty, town, or county) (State)
	REMOVAL (Specify) Burial	1-10-70		k Methodist C		ork, Baltimor	
25A.	N 1 9 1970			REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS lto., Md. 21214



C 11-12	BALTIMORE CIT	Y HEALTH DEPARTMENT	MA ANDRON
5-452 70 (10589 CERTIFICA	ATE OF DEATH	3. NO. 70 110589
NAME OF DECEASED		2. DATE AND HOUR O	F DEATH
Type or Print) Beulah Vi	rzinia Slonaki	er Jan 15,1	970 110:10 A. M.
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY	lived. Il institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOCALING INSTITUTION	TAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
4300 Sian	Sview Sol	Balto E. STREET AND NUMBER	YES NO NO
00	:	918 W 38th	ST
6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In lost birthday	
FW	WIDOWED DIVORCED	Dec 6 1886	83
	10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?
Sales lady	DEPT STORE-	Maryland	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1
William Sulli	IVAN		
S. Was Deceased Ever in U. S. Armed For	rces? 16. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dote	SECURITY NO. 2/4-0/-2906	bletus W. Slonaka	4300 Granbiantoe
118.4	CAUSE OF DEA		APPROXIMATE INTERVAL
DISEASE OR CONDITION DI	. /		BETWEEN ONSET AND DEATH
LEADING TO DEATH	A DIMANEDIATE CA	us Metastatic Carc.	mema 2 months
(This daes not mean the made of	DUE TO, OR AS	A CONSEQUENCE OF:	
heort failure, asthenia, etc. It means injury or complication which coused			
ANTECEDENT CAUSES	Posts	/ Canaragana	
DISEASES OR CONDITIONS, if	onv. giving DUE TO, OR A	Cancinolia.	
rise to the above cause (A)			
UNDERLYING CONDITION last.	(c)		
z	ANTEINITING 5	2	
O OTHER SIGNIFICANT CONDITIONS CO	HE TERMINAL 1196	etes MelliTus	
DISEASE OR CONDITION GIVEN IN PAR	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF Y	ES, WERE FINDINGS CONSIDERED
March 1968 WAS PER	FORMEDLACONY	N m . IN CERTIF	FYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If	In Boltimore City, give exoct location)
	f Ara letc.)	office bidg., INJURY OCCUR?	
U I	(Hour) 21E INJURY OCCURRED	21 F. HOW DID INJURY OCCU	D2
S OF INJURY	While At Work		K:
(APPROX.)	Work At Work		
22. I certify that (1) (this hespita	l) attended the deceased fram	March 1966 1	Jan 15 1970
that (1) (we) last saw the decease	ed alive an Jan 1	19 70 and that In(my)	(aut apinian death accurred an the date
and haur and fram the causes sta	ted abave. (1) (We) (dld) (did)	view the bady after death.	
23A. SIGNATURE	1		23B. DATE SIGNED
alan B Ce	hen MD DEGREE PH	ys. Med. Staff Phys.	Jan 15, 1970
23C. PHYSICIAN'S NAME (Type)		3501 ST Paul ST	- Balto Md 21218
24A. BURIAL CREMATION, 24B. DATE	24C, NAME of CEMETERY OF CI		(City, town, or county) (State)
REMOVAL (Specily)	70 P D	1 12.1	L nd.
Durial 1-14.	Jonaine Jan	25C FUNERAL STATES	ADDRESS
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	11 - 1 9 1 1

918 LE SBEA ST De C 1180 Sure ledy Naryland Westliam Sulfiverior 2/4-01-2706 Methyslatic Carrymeter 2 minths Retal Cameronina Diabetes Wallitas ON ENTER FOR NO 9 Male Trial March 68 Jan 15 HAVE IN THE allon B. Chan MD SUN ST POLIST BLIM MILLION

	P-632 70 0055	BALTIMORE CITY	HEALTH DEPARTMENT		70 00590
No.	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO	
1.1	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
		FRIEDA WIEGHAR	DT PERTSCH) 1/18	(970	1850 am
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If insti TY	tution: residence before admission)
He	ILL NAME OF OF OF OR ADDRESS OR LOCATION STITUTION	INSTITUTION, GIVE STREET	C. CITY OR TOWN	ID INSIDE	CITY LIMITS?
1	union Hamorial to	male	Bachm	100	res 🛛 NO 🗌
f	I and true Balto Via		5 10 Kentrek	y Avenue 3	303
5.	BIIO AUG	ARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 10/19	9. AGE (In years lost birthdoy)	if Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
	N. USUAL OCCUPATION (Give kind of work 108, 1 to during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of forei		12. CITIZEN OF WHAT COUNTRY
5	Housewife	1	Maryland		American
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAA	ΛĘ	
	Musharet Fred	erick	May guden	us	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) Uf yes, give wor or dotes of s 220	enice) 16. SOCIAL SECURITY NO.	Mr MALLON	L. Dorsch	5408 Hillburn Avenue 21214
╟	18, // 2 2 0	CAUSE OF DEAT			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTL	Υ	A - 1/	, 1 ,	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU		east failer	2
	(This does not meen the mode of dying heart failure, asthenia, etc. It means the d injury or complication which coused death	isease,	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	All III			
	DISEASES OR CONDITIONS, il any,	giving DUE TO, OR AS	A CONSEQUENCE OF:		*******************************
	inse to the above cause (A) statis UNDERLYING CONDITION last,	(C)			
	II.	\\/\	***************************************		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB	MINAL			***************************************
CERTIFIC/	DISEASE OR CONDITION GIVEN IN PART 1 (A 1994-DATE OF OPERATION 198, CONDITION WAS PERFORMS	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IP YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., home, form, foctory, street, of	n or obout 21C. WHERE DID	(If In Bollimore (City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Yeor) (Hor OF INJURY (APPROX.)	While At Not While	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (1) (this hospital) atte		15 20	060 00 1118	10 22
	that (1) (we) last saw the deceased all	111 62	0 -	9 to to apinio	an death accurred an the date
	and hour and fram the couses stated of		/		
	23A. SIGNATURE	Lin		[2:	B, DATE SIGNED
	Man lam	OEGREE Phys	nding Med. Director	Staff Phys.	1/18/70
	23C. PHYSICIAN'S NAME (Type) D.P. VAN KAMMEN	11.0	Chun Hem. W	1.	d Street Bets
24/	A. BURIAL CREMATION, 248. DATE REMOVAL (Saccify) BULL 1/20/70	24C.NAME of CEMETERY of CRE Lorraine Park		ocation (City.	town, or county) (State)
25/		NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Henry Sande		ADDRESS
VS	150-REV. 1/1/68	The state of the s	Baltimore 1	faryland 21	213

he de became 18 (ofth 2) washing as the state of and the second s Longetter Real Jesting reliant

Maryland olore

IMPORTANT

DIRECTOR:

FUNERAL

AND STATE

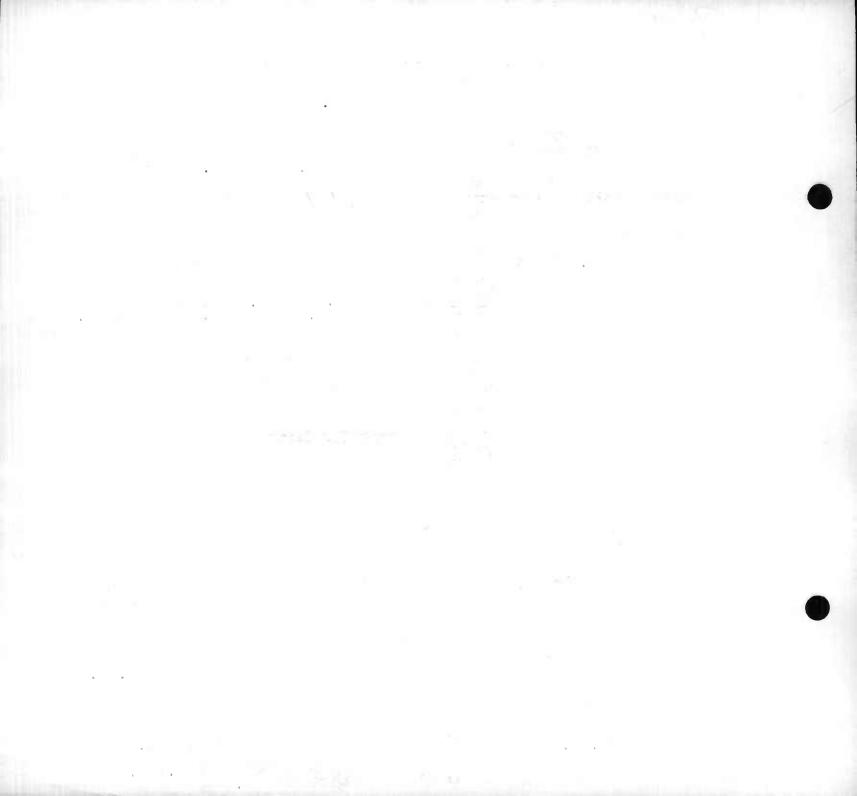
LIBERT TO THE

NAME OF THE OWNER OF THE PERSON.

and the second of the second o

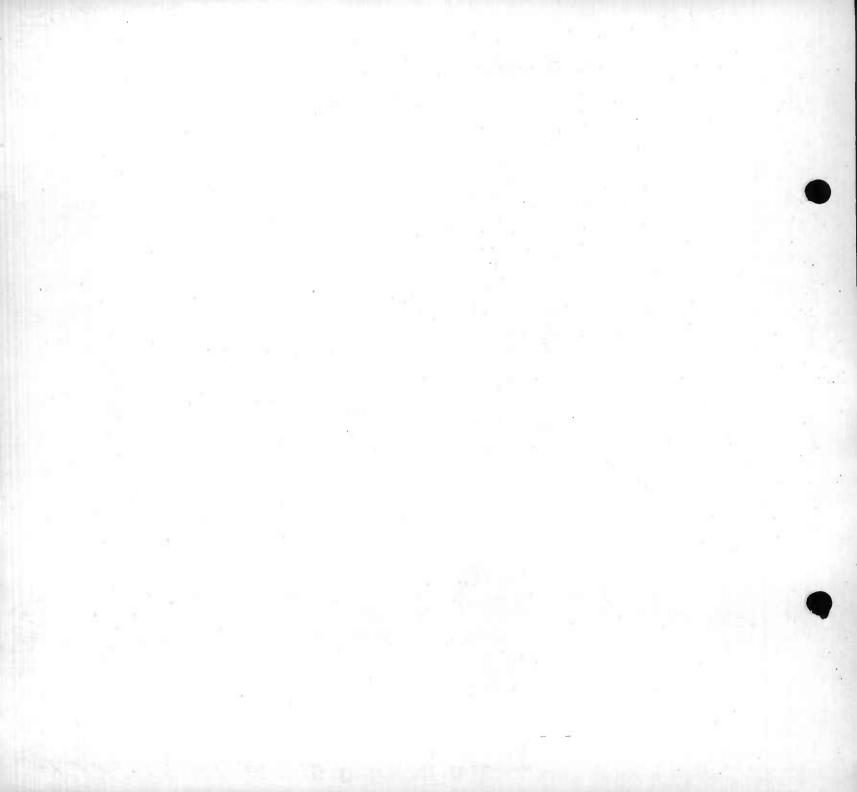
and and a real party of the control of the control

20000	THEALTH DEPARTMENT TE OF DEATH REG. NO	70 00592
1. NAME OF DECEASED (Type or Paint) Nina Ricedorff (NINA RICED	2. DATE AND HOUR OF DEATH	8 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before admission
37 Mercy Hospital	Baltimore E. STREET AND NUMBER 521 N. Charles St.	YES ☑ NO ☐ 21201
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 11/10/80 89	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF RUSINESS OR INDUSTRY done during most of working life, even if relired! HOUSEWIFE 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) Towa. 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY? USA
Horace A Gilbert	Frances Goodric	a
15. Was Deceased Ever in U. S. Armed Forces? (Tes, no or unknown) Uf yes, give wor or doles of service) 6. SOCIAL SECURITY NO. 2141379	Mrs. Lorna J. Ellis(dan 524 N. Charles St. Bal	Address ughter)
injury or complication which coused death.) ANTECEDENT CAUSES ASC	VHD A CONSEQUENCE OF:	
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYIND 21B. PLACE OF INJURY (e.g., in home, form, factory, street, of home, form, factory, street, of the post	no in Certiffing CA n or about 21C. WHERE DID fice bidg., INJURY OCCUR? S24 N. Charles 21E. HOW DID INJURY OCCUR?	SV, Ballo, 2120
22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last sow the deceased alive on ond hour and from the couses stated above. (I) (We) (did) (did.set) v	13 28 19 % to	12 176 - 1970
23A. SIGNATURE H- MUKIPOUK Atte	nding Med. Staff. Director Phys.	Jan. 16. 1970
HOUSHANG- MAKING DEGREE 24A BURIAL CREMATION, 124B, DATE 124C, NAME OF CREMETERS OF CRE	Mercy Hospital Matory [240, Location (C)	ily, town, ar countyl (State)
Burial Jan. 17. 1970 Lorraine Park 25A-DATE RECORT HEALTH CEPT. 258 NAME OF REGISTRAR VS. 150-REV. 1/1/48		Md.



FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B



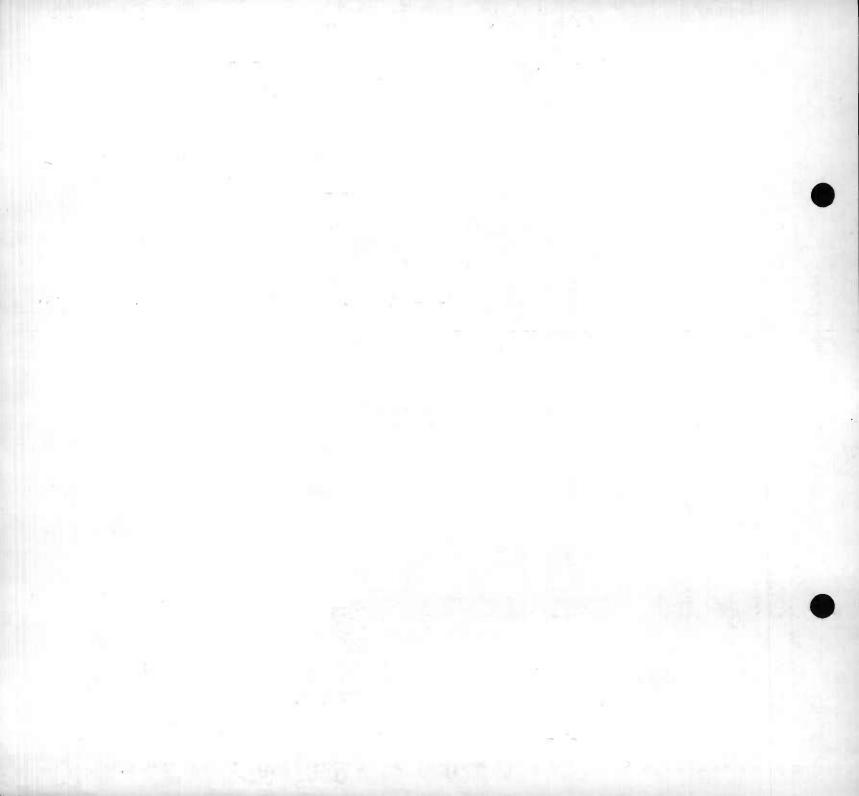
This certificate must be approved by the chief medical examiner or his assistant if death occurred in

Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the prior to death. was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/6B

11 4 . 5 73 0	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	TE OF DEAT	H REG. NO)
H-220 70 1	0005	CERTIFICA			
IRTH NO. NAME OF DECEASED			2. DA	TE AND HOUR OF DE	ATH
ype or Print) William W.	. Hughes			1-15-70	9 p
, PLACE IN BALTIMORE, MARYLAND, W				(Where deceased lived,	. If institution: residence before admissio
ULL NAME OF (IF NOT IN HOSPIT	AL OR INSTITU	ITION GIVE STREET	Marylan		1304
HOSPITAL OR ADDRESS OR LOCA	ATION)	JTION, GIVE STREET	C. CITY OR TOWN		INSIDE CITY LIMITS?
Dukeland Nursing I	Home		Baltimor	е	YES X NO
			E. STREET AND NUM		
90				entoroly Ter	
SEX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Days Hours Min,
M N	WIDOWED		4-9-76	93	
DA. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNT
Realator	Real	Estate	Virginia		USA
3. FATHER'S NAME		The second	14. MOTHER'S MAIDE	NNAME	_
Henry Hughes			Susan Co	bbs	
5. Was Deceased Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(If yes, give war ar date	es at service)	220-44-7983	Mr. Eugene	Hughes 3452	Auchentoroly Ter.
118- 2 / 2		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	the disease, death.)	(A) IMMEDIATE CAL DUE TO, OR AS DUE TO, OR AS	A CONSEQUENCE OF:	lexatic C)	/, D,
(This does not mean the mode of heart foilure, osthenio, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tast.	ony, giving	(A) IMMEDIATE CAL DUE TO, OR AS (B) OLE TO, OR AS	A CONSEQUENCE OF:	lexatic C)	/, D,
(This does not mean the mode of heart foilure, osthenio, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	ony, giving sloting the	(A) IMMEDIATE CAL DUE TO, OR AS DUE TO, OR AS	A CONSEQUENCE OF:	lexatic C)	/, D,
(This does not mean the mode of heart foilure, osthenio, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION fast. II OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELATED TO T. DISEASE OR CONDITION GIVEN IN PAR	ony, giving sloting the NTRIBUTING HE TERMINAL RT (A).	(B) O O OR AS	DA CONSEQUENCE OF:		VERE FINDINGS CONSIDERED CAUSES OF DEATH?
(This does not mean the mode of heart foilure, osthenio, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost.	ony, giving sloting the INTRIBUTING HE TERMINAL IT I (A). IDITION FOR MED	(B) O O OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, o	20A. AUTOPSY? (Yes	or No. 208. IF YES, WIN CERTIFYING	
(This does not mean the mode of heart foilure, osthenio, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DEATH OF OPERATION 198. CON WAS PERIOR OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	ony, giving stoling the INTRIBUTING HE TERMINAL IT I (A). JOHN FOR MED 218, home etc., where the control of t	(B) O O O O O O O O O O O O O O O O O O O	20A. AUTOPSY? (Yes	or No. 208. IF YES, WIN CERTIFYING	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
(This does not mean the mode of heart foilure, osthenio, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21 D. TIME (Month) (Dayl (Year) OF INJURY	ony, giving sloting the NTRIBUTING HE TERMINAL RICHARD CHARD	(B) O O O O O O O O O O O O O O O O O O O	20A. AUTOPSY? (Yes	or No. 208. IF YES, WIN CERTIFYING DID (If in Ba	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
(This does not mean the mode of heart foilure, osthenio, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO THE DEATH BUT NOT RELATED TO TO THE DEATH BUT NOT RELATED TO TO THE DEATH OF OPERATION 198. CON WAS PERIOD OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Manth) (Doyl (Year) OF INJURY (APPROX.)	ony, giving stoting the INTRIBUTING HE TERMINAL IT I (A). IDITION FOR A FORMED 218, hometc.; (Hourl 21E, Whiwa	(B) O O O O O O O O O O O O O O O O O O O	20A. AUTOPSY? (Yes	or Noil 208. IF YES, WIN CERTIFYING DID UR? (If in Ba	/ERE FINDINGS CONSIDERED CAUSES OF DEATH?
(This does not mean the mode of heart foilure, osthenio, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A-DATE OF OPERATION 19B. CON WAS PERIOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doyl (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) lost sow the decease	ony, giving sloling the IERMINAL IT I (A). (Hourl 218, hometa, light of the light	(B) O D A D DUE TO, OR AS (C)	20A. AUTOPSY? (Yes	or Noil 208, IF YES, WIN CERTIFYING DID UR? (If in Ba	Truck of 15, 1970
(This does not mean the mode of heart foilure, osthenio, etc. It means injury ar complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO THE DEATH BUT NOT RELATED TO TO THE DEATH BUT NOT RELATED TO TO THE DEATH OF OPERATION 198. CON WAS PER 19A. DATE OF OPERATION 198. CON WAS PER 19A. DATE OF OPERATION 19B. CON TO THE CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21 D. TIME (Month) (Doyl (Yeor) OF INJURY (APPROX.)	ony, giving sloling the IERMINAL IT I (A). (Hourl 218, hometa, light of the light	(B) O D A D DUE TO, OR AS (C)	20A. AUTOPSY? (Yes	or Noil 208, IF YES, WIN CERTIFYING DID UR? (If in Ba	Truck of 15, 1970
(This does not mean the mode of heart foilure, osthenio, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION SIZE OF TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERIOR OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21 D. TIME (Month) (Doyl (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) lost saw the decease and haur and from the causes star	ony, giving sloling the IERMINAL IT I (A). (Hourl 218, hometa, light of the light	(B) O O O O O O O O O O O O O O O O O O O	20A. AUTOPSY? (Yes in ar about 21C. WHERE ffice bldg,, INJURY OCC 21F. HOW D 19 10 view the body after d ending Med.	or Noil 208, IF YES, WIN CERTIFYING DID UR? (If in Ba	VERE FINDINGS CONSIDERED CAUSES OF DEATH? Itimare City, give exoct lacation) 2744 J. 1970) apinion death accurred on the death
(This does not mean the mode of heart foilure, ostherio, etc. It means injury ar complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTINUED TO TO THE DEATH BUT NOT RELATED TO TO THE OPEN THE OF OPEN THE OF OPEN THE OPEN TH	ony, giving sloling the IERMINAL IT I (A). (Hourl 218, hometa, light of the light	(B) O O OR AS (C) OR	20A. AUTOPSY? (Yes 20A. AUTOPSY? (Yes in ar about 21C. WHERE ffice bldg., INJURY OCC 21F. HOW D 21F. HOW D wiew the body ofter d ending Med. Director (23D. ADDRESS	or Noil 208, IF YES, WIN CERTIFYING UR? (If in Ball UR?) 1945 to Jana that in (my) (aur) eath. Staff Phys.	VERE FINDINGS CONSIDERED CAUSES OF DEATH? Itimare City, give exoct lacation) 2744 J. 1970) apinion death accurred on the death
(This does not mean the mode of heart foilure, osthenio, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION fost. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T. DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERIOD OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Doyl (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) lost sow the decease and haur and from the causes stored and haur and from the causes and the causes and the cause and the causes and the causes and the	ony, giving stoling the DNTRIBUTING HE TERMINAL RT 1 (A). IDITION FOR VECTOR (Hour) 21E. White was all of the dalive an and the dalive an and the dalive an	(B) O O O O O O O O O O O O O O O O O O O	20A. AUTOPSY? (Yes 20A. AUTOPSY? (Yes 21F. HOW D	or Noil 208. IF YES, WIN CERTIFYING DID (If in Bo) UR? (If in Bo) UR? to Jo and that in (my) (aur) eath.	VERE FINDINGS CONSIDERED CAUSES OF DEATH? Itimare City, give exoct lacation) 2744 J. 1970) apinion death accurred on the death
(This does not mean the mode of heart foilure, osthenio, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITION SIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERIOD OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doyl (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) C R Campbell	ony, giving stating the intribution of the terminal transformation of the terminal transforma	(B) O GREE Phy	20A. AUTOPSY? (Yes 20A. AUTOPSY? (Yes 21F. HOW D 21F. HOW D 21F. How dending Med. 23D. ADDRESS 1618 W. N EMATORY	or Noil 208. IF YES, WIN CERTIFYING UR? ID INJURY OCCUR? 1945 to Jond that in (my) (aur) eath. Staff Phys. Orth Avenue	Itimare City, give exact lacation Itimare City, give exact lacation Injudy J. 15, 1970 apinion death accurred on the death of the de

3035 W. North Avenue Nutter Funeral Home



T-240 BIRTH NO.	70 00595		HEALTH DEPARTMENT	REG. NO	70 00595
(Type or Print)	WELL HO	WARD	2. DATE	AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MA	IN HOSPITAL OR INSTITU		4. USUAL RESIDENCE (VA STATE B. CO	vhere deceased lived. It is	nstitution: residence before admission)
INSTITUTION Provi	ss or Locationi dent Hospital ivison Stree	1.	c.CITY OR TOWN Baltimore	D. INS	YES PE NO
Baltimo	re, Maryland		2015 McCullo		band band
5. SEX 6. RACE Negro	THIDOTYEU	DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday) 72	If Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.
to A. USUAL OCCUPATION (Give done during most of working life, example) Laborer	en it refired)	Finisher	Va.		U. S. A.
William Taze			Mary Ell		
15. Was Deceased Ever in U. S (Yes, no or unknown) (If yes, give	Armed Forces? wor or doles of service)	16. SOCIAL SECURITY NO. 220-09-8806	Mrs. Cynthi	a Thompson-	ADDRESS 2015 Mc Culloh St
heori failure, asthenia, etcinijury ar camplication wh ANTECEDEN DISEASES OR CONDITION I tise to the above of UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION OF THE DEATH BUT NOT REDISEASE OR C	ich caused death.) T CAUSES IONS, if any, giving ause (A) stating the N last.	(8)	A CONSEQUENCE OF:	act Infec	tion
E O OPERATION	WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAU	DERLYING 21 B. Inches 21 B. Inc	PLACE OF INJURY (e.g., ir o, farm, foctory, street, oli	or about 21C. WHERE DID ice bidg., INJURY OCCUR?	(II In Baltimar	e City, give exact location)
OF INJURY (APPROX.)		Not While	21F. HOW DID II	NJURY OCCUR?	
22. I certify that (1) (thi that (1) (we) last saw th	e deceased alive on	/*	12.24 10 1970 and	19 (38 to that in (my) (our) api	/ 19 70_ nian death occurred on the date
and haur and from the co	· J. Shaf	(We) (did) (did-net) vi	ew the body after death	Shaff Phys.	23B, DATE SIGNED 1 - 11 - 70
23C. PHYSICIAM'S NAME (Type)	. JAVAID	SHACI MD	3D. ADDRESS 1514 Diviso		altimore, Md/
24A BURIAL CREMATION, 24E REMOVAL (Specify) Burial		ME of CEMETERY of CRE loh Baptist C		oucester Co.	y, town, or county) (Stote) Va.
ANT 9 1970 HEALTH	DEPT. C. SER, NAME OF	REGISTRAR 2000	Nutreer Fund		035 W. North Avenue



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.				•	1	ĺ
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Unc was D.O.A. at a hospital (except where the physician who pronounced death was deceased prior to death); and (6) No physician was in regular attendance on the dwritten approval must be obtained before the remains are embalmed or final disposition.	contributing cause of death	letermined cause; (5) Deceased	in regular attendance on the	eceased prior to death, Such	on is made.	
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) was D.O.A. at a hospital (except where the physician who pronounced death w deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition.	0	Sun	SD	9	Siti	1
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any was D.O.A. at a hospital (except where the physician who pronounced deceased prior to death); and (6) No physician was in regular attendar written approval must be obtained before the remains are embalmed or feeting the statement of the	rne airec	kind; (4)	death w	ice on th	inal dispo	TO
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of was D.O.A. at a hospital (except where the physician who pronoun deceased prior to death); and (6) No physician was in regular after written approval must be obtained before the remains are embalmed	11 /	any	pes	ndar	or f	r
shows: (1) An accident of any nature; (2) Body burns; (3) A fractur was D.O.A. at a hospital (except where the physician who pror deceased prior to death); and (6) No physician was in regular written approval must be obtained before the remains are embal	AISO	e of	noor	atte	med	
shows: (1) was D.O.A. deceased p	ייים וביים וביים וביים וביים ביים ביים ב	An accident of any nature; (2) Body burns; (3) A fracture	at a hospital (except where the physician who pron	rior to death); and (6) No physician was in regular a	proval must be obtained before the remains are embalr	AACUS ACTION OF THE PROPERTY O
shows: was D. deceas	2	(C) A	O.A.	d pe	ddp u	24
1 2 0 2 W	0	HOWS	ras D.	90000	rritte	2:
	-	S	3	0	3	VI

11 00500	RE CITY HEALTH DEPARTMENT
BIRTH NO. CERTIF	FICATE OF DEATH REG. NO. 70 111596
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Ginyard Watson	1-10-70 12+55 a.s.
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission A. STATE 8. COUNTY
FULL NAME OF HIF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE ADDRESS OR LOCATION)	C.CITY OR TOWN D. INSIDE CITY LIMITS?
Provident Hospital, Inc.	Baltimore YES NO
24 1514 Division Street	E. STREET AND NUMBER
Baltimore, Maryland 21217	1724 Dukeland Street
S. SEX / 6. RACE 7. MARRIED X NEVER MARRIE	ED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., 11 Under 24 Hrs
Male Negro WIDOWED DIVORCE	ED 12-25-00 last birindey) Months Days Haus Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE ISlots or foreign country) 12. CITIZEN OF WHAT COUNTRY
Retired - Revere Copper and Bras.	
3. FATHER'S NAME	S South Carolina U.S.A.
Lewis Watson	
5 Was December 19 11 S Amel 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Millie Rivers
5. Was Deceased Ever in U. S. Armed Farces? Yas, na ar unknown) (If yas, give wor or dates of service) 16. SOCIAL SECURITY NO	17. INFORMANT 1724 Dukeland Street
No 248-03-4	670 Mrs. Sarah Watson - Wife - Same
injury or complication which caused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stoling the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING AND WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING AND PROBLEM TO THE TERMINAL DISEASE OR CONTRIBUTING AND WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING AND PROBLEM TO THE TERMINAL DISEASE OF THE TERMINAL DISEASE OR CONTRIBUTION AND PROBLEM TO THE TERMINAL DISEASE OR CONTRIBUTION OF THE TERMINA	OR AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF: The solid of the sol
22. I certify that (I) (this haspital) attended the deceased from	11-19-69
that (i) (we) tast sow the deceased alive on 1-10-70	
and hour and from the causes stated above. (I) (We) (did) (did	
to Very mile.	Attending Med. Stoff X 1-10-70
23C. PHYSICPARES DEGREE	Fig
23C. PHYSICIAN'S NAME (Type)	/ 23D. ADDRESS Provident Hospital, Inc.
1 -1 -1 -1 -1 7 7 1 1 1 1	DEGREE 1514 Division Street - Baltimore, Marylan
AA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	of CREMATORY 24D. LOCATION (City, fown, at county) (State)
Burial 1-15-70 Western Star	Cemetery Catonsville Balto. Co., Md
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
184160 6000 0000 000 2 0 650 0	
V904REV. 1/1/68	Nutter Funeral Home 3035 W. North Ave.



D-152	70 0	0597		HEALTH DEPARTMENT		70. 00597
BIRTH NO.	ASED		CLKTITICA			
(Type or Print) Do	bbins, Eliz	abeth			AND HOUR OF DEATH	4:35 P.
	MORE, MARYLAND, W			4. USUAL RESIDENCE (VA. STATE		nstitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		1501
INSTITUTION	Provident			C.CITY OR TOWN Baltimore	D. INS	SIDE CITY LIMITS?
29	1514 Divis			E. STREET AND NUMBER		YES NO
01	Baltimore,	Maryla	and 21217	604 Gold S	treet	
Female	Negro	7- MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH . 10/31/82	9. AGE (In years lost birthday) 87	Il Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
IOA. USUAL OCCUI	PATION (Give kind of work			11. BIRTHPLACE (Stote or I		12. CITIZEN OF WHAT COUNTRY
Domestic	orking life, even it refired)		t Family	Maryland		U. S. A.
3. FATHER'S NAM				14. MOTHER'S MAIDEN N	AME	
	rge Morgan			Addie ?		
5. Was Deceased E Yes, no or unknown)	ver in U. S. Armed Far If yes, give wor or date	s of service)	SECURITY NO.	D: Mrs. Maude	initial acces	ADDRESS 1326 Stocktor
118.	A .		CAUSE OF DEAT		Wilkerson-	APPROXIMATE INTERVAL
CITHIS does not heard failure, as injury ar cample AN DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COID 19A-DATE OF OUT 19A-DATE OUT 19A-DATE OF OUT 19A-DATE OF OUT 19A-DATE OF OUT 19A-DATE OUT	OR CONDITION DIR EADING TO DEATH I mean the mode af sitheria, etc. It means ication which caused NTECEDENT CAUSES CONDITIONS, if a above cause (A) CONDITION last. II ANT CONDITION S CON BUT NOT RELATED TO TH NOTION GIVEN IN PART OPERATION 198. CONI WAS PERF WAS UNDERLYING NO CAUSE OF	dying, e.g., the disease, deoth.) ony, giving stating the NTRIBUTING E TERMINAL 1 (A). DITION FOR WORKED	(B) DUE TO, OR AS (C) CO	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or NO or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?		FINDINGS CONSIDERED USES OF DEATH? Ce City, give exoct location)
DEATH (notify m	Month) (Doy) (Year)	etcJ				
OF INJURY (APPROX.)	violini, (Doy) (160)		e At At Work	21F. HOW DID I	NJURY OCCUR?	
22. I certify th	at (1) (this haspital)	attended th	e deceased from 1-	8-70	_19taI-l2	2-70 19
1	st saw the decease					nian death accurred an the date
and haur and f	ram the causes state	d abave. (!)	(We) (dld) (did nat) v	lew the body after death	10	
			Atter	nding Med.	Shell IX	238, DATE SIGNED
23C.PHYSICIAN NAME (Type	B. Saunders		DEGREE Phys		Street Rali	Jan. 13, 1970
REMOVAL (Spe Burial	(TION, 24B, DATE cily) 1/16/70		ME of CEMETERY of CREATERY AND CEMETERY OF CREATERY OF	MATORY 24D.		ty, town, or county) (State)
SA. DATE REC'D BY AN 19 197		25B. NAME-O	40	Nytter Funer		5 W. North Avenue



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

JAT IT CON IA A I The state of the state of - Lucio, A. J The stand of the stand of as made of the James Jon JE 10 Commit الدالط و مواد د -DY WILLIAM MEESTEN - NA HIT

	1-25) 70 00500	BALTIMORE CITY	HEALTH DEPARTMEN	NT .	
	1-250 70 00599 RTH NO.	CERTIFICA	TE OF DEAT	H REG. NO	70 10599
(1	NAME OF DECEASED TACKSON	GEORG	£. 2. DA	AND HOUR OF DEATH	1.201PM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONO		4. USUAL RESIDENCE	Where deceased lived, il	institution: residence before admission)
II H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTIT OSPITAL OR ADDRESS OR LOCATION)		MARY L	D. IN	15/3
700	SINAL HOSPITAL C	OF BALTIMOR		BER	YES NO [
5.	SEX 6. RACE 7. MARRIED	57	2808	BOARMAN	AVE
	M . Negro WIDOWED		12/95/	9. AGE (In years lost birthdoy) 764	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIND Of ne during most of working life, even if refired) Truck Helper Davisc	on Trucking Co	/		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	4 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	?		?		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s.no or unknown) (If yes, give war or dales of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
$\ _{-}$	No	212-09-1215	Mrs. Leona	H. Jackson 28	08 Boarman Ave.
	18.412.41	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		0400	0 0 0 0 0	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dving, e.g.,	(A) IMMEDIATE CAU		RESPIRATOR	Y ARAGST
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused deoth.)	DUE IO, OR AS A	CONSEQUENCE OF:		
	ANTECEDENT CAUSES	C	HRONIC	BRAIN SY	120000
	DISEASES OR CONDITIONS, if any, giving	(D)	A CONSEQUENCE OF:	DAMM 31	NOROME
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(6)	THE POSCIS	OFTER CAR	LDIO WASCULAR
	11	(-)	HINE KOSUL	ROHC SYL	W.C. W.C.
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	7GOUT	? RHEUM	IATOID ART	THRITIS.
CERTIFICATIO	19A-DATE OF OPERATION 19B. CONDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes	OF NO. 208 IF YES WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CAL CI	21A. A CCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH (notify medical examined etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, offi	or about 21C. WHERE D	ID (If In Boltimo	re City, give exact location)
MEDI	(APPROX) Whi	INJURY OCCURRED	1	INJURY OCCUR?	
	22. I certify that (1) (this hospital) attended th		100/100		1.0
	that (1) (we) lost sow the deceased alive on	1/12	19/70 on	d that In (my) (our) op	nion death occurred on the date
	and have and from the couses stated above. (I) (We) (did) (did not) vi	ew the body after dec	ath.	
	23A. SIGNATURE COPOR	M.D Aften		Staff V	23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	BD. ADDRESS	- Phys	1/12/1970
24/	A BURIAL CREMATION, 248. DATE 24C. NA	ME of CEMETERY OF CREA	MATORY 124	D. LOCATION (C	ity, town, or county) (Stotel
١.	REMOVAL (Specify)	Auburn Cemete			
<u> </u>	AN LO STEREC'D BY HEALTH DEPT. 258. NAME O		25C. FUNERAL DIRECT Fun	1	Md ADDRESS
I Ve	150-REV. 1/1/68	199	MOCCES FUL	erar nome 30.	35 W. North Ave.

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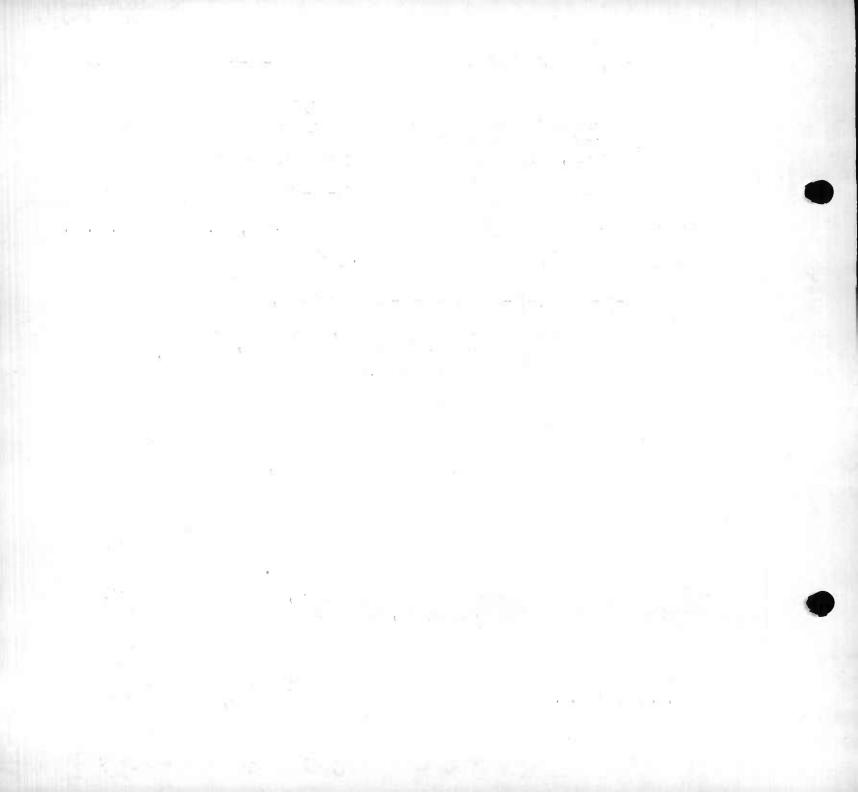
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1/12 12/22/21 11/12

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INS	SPITAL OR				C. CITY OR TO		D. I	NSIDE CITY	
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5. S		Baltimore, Ma			1614 B. DATE OF B		nklin Str		der 1 Yr. , If Under 24
	ale			NEVER MARRIED			lost birthdoy)	Month	Doys Hours
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		working life, even if retired)	NIND OF	BOSINESS OK INDUSIKI					
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5. V	Vos Deceosed	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMAL	NT VA Hos	pital Reco	ords	ADDRESS
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MEDICAL CERTIFICA	DISEASES CORES IN THE PROPERTY OF THE PARTY	oshlenia, etc. It means indication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) is conditions to the couse of the	any, giving stoting the TERMINAL RI 1 (A). CHOUNT 21E, Wh. Wh. Whom ted alive an	(B) DUE TO, OR AS (C) Atherosclere WHICH OPERATION PLACE OF INJURY (e.g., re, form, foctory, street, or re, form, foctory,	in or obout 21C. in or obout 21C. infice bldg., INJL ecember 19 70 view the bady 23D. ADDRESS	AOPTA, MOPSY? (Yes or No Yes WHERE DID IN) 30, and the offer death. Med. Director 3900 Id. Baltime	URY OCCUR? 19 69 ta Ja at in (My) (our) Shoff Phys. A	muary apinian de 238. D Boulev and 21	17. 19.79 eath accurred on the ATE SIGNED 1-17-70 verd



IMPORTANT

FUNERAL DIRECTOR:

4. USUAL RESIDENCE (Where deceased lived, if Institution: residence D. INSIDE CITY LIMITS? YES E NO If Under 1 Yr. Months! Doys If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that In (my) (aur) apinian death occurred an the date 238, DATE SIGNED 222 Stevenson Ln Balt.Md.2I2I2. (City, town, or county) (Stote) Balto . Co., Md. York Rd. VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

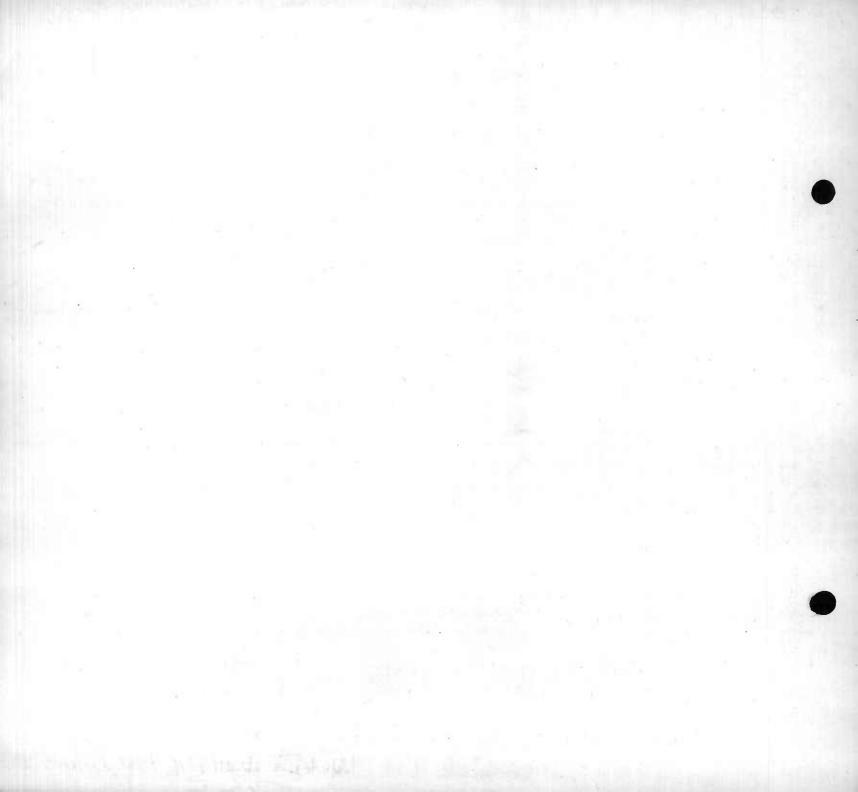
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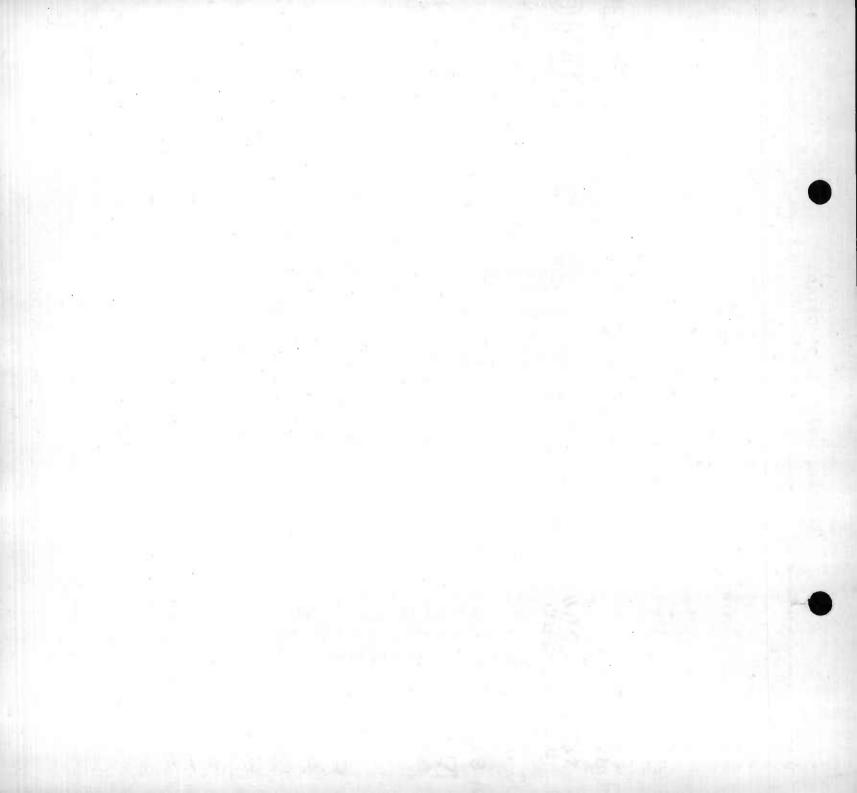


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		BALTIMORE CITY	HEALTH DEPARTMENT		70 00004
	70 006	04 CERTIFICA	TE OF DEATH	REG. NO	70 11116114
NAME OF DECEASED		,		D HOUR OF DEATH	
Type or Print) TALES	R R C	nks	1-1	6-70	10P
3. PLACE IN BALTIMORE, MAR	LAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where		nstitution: residence before admission
FULL NAME OF (IF NOT I	N HOSPITAL OR IN	STITUTION, GIVE STREET	md -		1901
OSPITAL OR ADDRESS	OR LOCATION)	Sille Holl, Give Sikeel	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	A12 (65	(4 FN 1402b	Ballimok	G	YES DO NO
1001010101	70 1 - 0		E. STREET AND NUMBER	1 - 1	
49	- T-				u E
SEX 6. RACE		IED NEVER MARRIED		9. AGE (In years ast birthday)	Months Days Hours Min.
FEMALE NECT			6-2/-94	70	12 677251 05 11112 00 1111
A. USUAL OCCUPATION (Give ne during most of working life, ever		OF BOSINESS OR INDUSTRE	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTE
House WIF	E			ITSAW	45
FATHER'S NAME	^		14. MOTHER'S MATTEN NAM	A E	
LEXANDER	- Willi	AMS	hAL cissus	WILLIA	ms
Was Deceased Ever in U. S. es, no ar unknown) (If yes, give	Armed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
100			ESSIE CON	(-E4	SAME
18. 1 -> 1/ V 1		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR COND	ITION DIRECTLY				BETWEEN ONSET AND DEA
LEADING TO		ANIMMEDIATE CAL	SE Carting	na RT	Rent 14h
(This does not meon the heart foilure, osthenio, etc.		DUE TO, OR AS	SE CONCUMENTA CONSEQUENCE OF:		,
injury or complication which		1 451	me las Tasas	to Ch	lung
ANTECEDENT	CAUSES	(2)			
DISEASES OR CONDITIO	ONS, if any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above co					
		(c)			***************************************
OTHER SIGNIFICANT CONDIT	TONS CONTRIBUTION	NG			
OTHER SIGNIFICANT CONDITION THE DEATH BUT NOT REL	ATED TO THE TERMIN	IAL		~~~~	
19A. DATE OF OPERATION		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED
0	WAS PERFORMED			IN CERIFING CA	OSES OF DEATH:
OR CONTRIBUTING CAU	ERLYING [21 B. PLACE OF INJURY (e.g., i	fice bldg. INJURY OCCUR?	(If in Baltima	re City, give exact location)
DEATH (notify medical exami	ner)	etc.)			
21D. TIME (Month) (Do	y) (Yeor) (Haur)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)		While At Work Not While At Work	• 🗖		
20. 1 (1) (1)	1		15 - 15	969 to	1-16 1076
22. I certify that (I) (#his		, 1			
that (1) (wa) last saw the				of In (my) (our) op	inian death accurred on the de
	uses stated above	e. (1) (We) (did) (did not) v	iew the bady after death.		
23A. SIGNATURE	. 1	1		s. # —	23B, DATE SIGNED
R. hullen	in Ve	ulin DE GREE Phy	nding Med. Director	Staff Phys.	1-16-76
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		C.
DR. MELEO	C10 V1	ENTURA	worth char	165 ((500 1402b)
A. BURIAL CREMATION, 248		NAME of CEMETERY OF CRI		CATION (C	ity, town, ar county) (State)
REMOVAL (Specify)	21/20	Kranka Com	1200	yden	N A
A. DATE REC'D BY HEALTH D	DEPT. 2SB. NAA	Drooks en	2SC. EUNERAL DIRECTOR	201611)	ADDRESS
1 1 0 1070	Pole & E. Fai	- 100 0 0 0	0 40, 6,000	Dutt Ed	1701 LAURELS S.
	COPELE C. Val	Den M. W	OTHER DED OF	DURIN TIT	1 / - 1 / 74/12

VS 150-REV, 1/1/6B





VS 150-REV. 1/1/68



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W-123
BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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70	2	11	10	1)	1

BIRTH NO.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		AMII TEKO C		CAIL		REC	3. NO		
1. NAME OF DE	CEASED				2. DATE	Known K	Mor	nth D	ру	Yeor	Hour
(Type or Print)	E	MMA WEB	STER		DEATH	Estimoted	□ Ja	anuary	16. 1	970	М.
4. PLACE IN BA	LTIMORE, MARYL	AND, WHERE	PRONO	UNCED DEAD	3. DATE		Mon	nth De	ру	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN ADDRESS (HOSPITAL OR IN OR LOCATION)	NSTITUTIO	ON, GIVE STREET		RESIDENCE (Ja	anuary		.970	2:20 P.M.
00		Monroe S			A. STATE	Marylan		B. CO	UNTY	20	201
6. SEX	7. RACE	8. MAI	RRIED 2	NEVER MARRIED	C. CITY O	RTOWN		D. IN	SIDE CITY	LIMITS?	
Female	Negr		OWED [DIVORCED [Baltimo	re		YES	I NO	o 🗆
9. DATE OF BIRT	1108	AGE (In years	H Un Monti	der 1 Yr. If Under 24 Hrs. hs: Doys Hours Min.	E. STREET	AND NUMBE		e Stree			
	State or foreign co		12. C	ITIZEN OF	13. FATHE	R'S NAME	11011100	C DCICC			
Amelia C	o., Virgi	nia	W	HAT COUNTRY?		David (d			
done during most of HOUSEW	JPATION (Give kin working life, even If 'I TE	d of work 14B. KIN	Home	BUSINESS OR INDUSTRY	15. MOTH	Annie (d			
16. WAS DECEAS	ED EVER IN U.S.	ARMED FORC	,		IB. INFOR				ADD	RESS	
(Yes, no or unknown	i) (If yes, give wor	or dotes of servi	ce)	17. SOCIAL SECURITY NO. 217-38-2304		Freddie	Webst	er 226			Street
19.	2 4			CAUSE OF DEA	TH						N ONSET AND DEATH
DISEAS	SE OR CONDITION			Arterios	clerot	ic cardi	ovascı	ular di	sease		
(This does i	nol meon the mod			(A) IMMEDIATE O	AUSE	OUENCE OF					
heart follure	e, asthenia, etc. it m mplication which co	eons the discose	,	DUE 10, OK 2	S A CONSE	QUENCE OF:					
						100					
	NTECEDENT CAL			(B)	16 A CONS	QUENCE OF:					
RISE TO TH	OR CONDITIONS	(A) STATING TH	IG IE	DUE 10, OK	AS A CONS	EQUENCE OF:				100	
Z	NG CONDITION	LAST.		(c)							
	11	o Habitet									
U TO THE DE	NIFICANT CONDIT ATH BUT NOT REL R CONDITION GIV	ATED TO THE TER	LANIMS								
20A. DATE O				WHICH OPERATION WA	S PERFOR	MED			12	I. AUTOPS	Y? (Yes or No)
8											
₹ 22A. EXTER	NAL CAUSE WAS	5	228. P	LACE OF INJURY (e.g.,	In or about	22C. WHERE I	OID (If In Be	oltimore City	nive exact		lo
UNDERLYING UTING CA	OR CONTRIB		home,	farm, lociory, street, office	bldg., etc.)	INJURY OCCI	JR?				
≥ 22D. TIME OF INJURY	(Month) (Day)	(Year) (Ho	. 1	E.INJURY OCCURRED		22F. HOW DIE	NJURY	OCCUR?			
(APPROX.)			m. W	HILE AT NOT	WHILE ORK						
23.	tify that I held	on Inquiry		Inspection Au	topsy [461- 6-	asis, death	1		
	Ited from: Natu		_						-	non	
resul	red from: Natu	rol causes A	J AC	cident L Suicid	еЦ п	Omicide L		termined mo	nner 📖		
ACTUAL		1 And	all	her M.D	ASS	ISTANT MEDIC				D	ATE SIGNED
EXAMIN NAME (IER'S Tori	dore Mih	a1ak		-	OCIATE MEDIC	AL EXAMI	NER	Janua	ry 18,	1970
24A. BURIAL CRE REMOVAL (Spec	MATION, 124B.	DATE	240	NAME of CEMETERY			24D. LOCA			r county)	(State)
Buria	1	-21-70		Baltimore N	Natil (Cem.	Ba	altimor	e,	Maryl	and
25A. DATE REC'D	BY HEALTH DEP	T. 25B.	NAME	OF REGISTRAR	25C.	FUNERAL DIR	ECTOR		ADD	RESS	
10.5	11 0 1070	QC AS	0 7	Que NED		ORTON &		F.H.			ens Street
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10 101-VEA 1/1/0	0					U U	0.2				

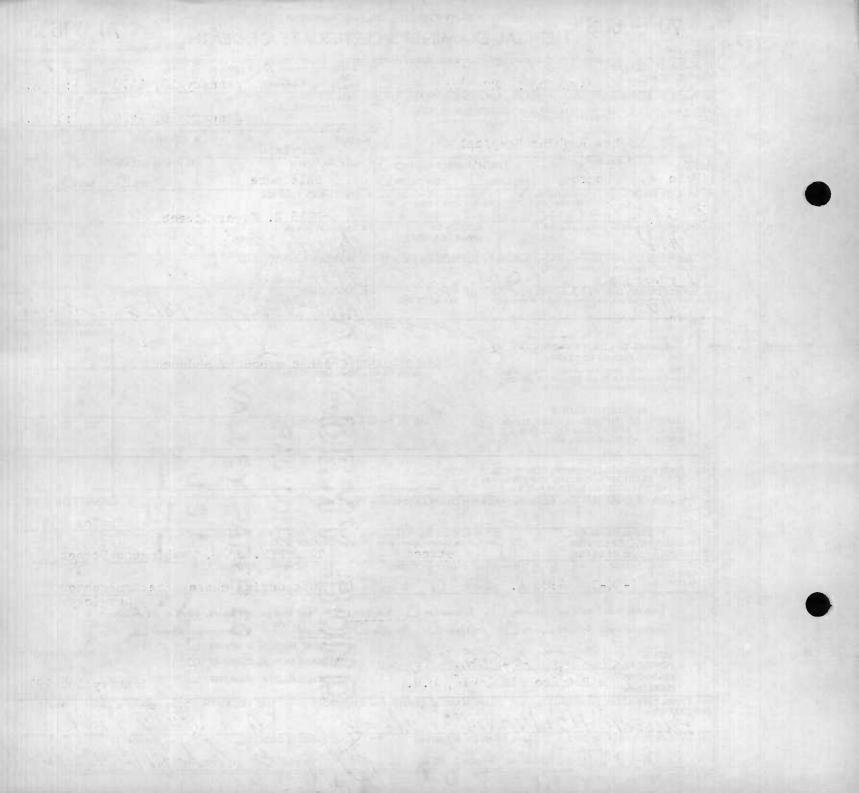
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}	00608	
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VS 151-REV. 1/1/68

DALTIMORE CITT DEALTH DEPARTMENT	

70 C	10608 MED	DICAL EX	(AMINER'S			DEATH	REG. NO.	70	006(18	
1. NAME OF DECEASED					Known X	Month	Doy	Yeor	1		
(Type or Print)			2. DATE OF	Estimoted				Hour	A		
ARLANDO JONES VA. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				3. DATE	Estimoleg 🗀	January	16, 1		6:30	A . M.	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)					OUNCED DEAD	January	200	Yeor 1970	6:30	А.м.	
OR INSTITUTION					RESIDENCE (Where		If institution		pefore odmis	sion)	
Johns Hopkins Hospital					A. STATE Maryland B. COUNTY 7/14						
6. SEX 7. RACE 8. MARRIED			NEVER MARRIED	C. CITY O		D.	INSIDE CI	ITY LIMITS?	1		
Male	Negro	WIDOWED	_		Baltimore		V	ES 🕅	No 🗆		
9. DATE OF BIRT	H IO.AGE (nyeors HUn	der I Yr. If Under 24 Hrs.	E. STREET	AND NUMBER		- 1	E2 K1	NO L		
8/31/	losi birthdo	Month	Doys Hours Min.		1015 -						
II. BIRTHPLACE	State or foreign country)	12. C	ITIZEN OF	1815 E. Eager Street							
mis			HAT COUNTRY?	Ory	ando 30.	nes de	•				
14A.USUAL OCCU	PATION (Give kind of work	14B. KIND OF B	USINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN NA	ME	11				
1 A poi	working life, even ifretired)	BAY	CRY	File	nenel	Red	d				
Yes, no or unknown	ED EVER IN U.S. ARMEI	of service)	17. SOCIAL SECURITY NO.	18. INFOR	MANT	0	A	DDRESS	0000	T	
110				Vi anza	Tullman	onla	1815	6- 1	agen	24	
19 9/	. 5 M		CAUSE OF DEA	TH					PROXIMATE INT		
	E OR CONDITION DIRE	CTLY									
	LEADING TO DEATH		(A) IMMEDIATE C	AUSE GUI	shot wound	of abdo	omen				
heart tollure	ot meon the mode of dy , osthenio, etc. It meons the nplicotion which coused de	e diseose,	DUE TO, OR A	AS A CONSE	QUENCE OF:						
	NTECEDENT CAUSES		(B)							3.7-	
RISE TO THE	OR CONDITIONS, IF AN'E ABOVE CAUSE (A) STA	Y, GIVING	DUE TO, OR	AS A CONS	QUENCE OF:						
UNDERIVIN	NG CONDITION LAST.		(c)					- 30			
2	II		(-)								
O THE DE	IFICANT CONDITIONS COATH BUT NOT RELATED TO	THE TERMINAL									
20A. DATE OF	OPERATION 208. COL		VHICH OPERATION WA	AS PERFOR	MED			21. AUTO	PSY? (Yes or	No)	
Profession .	100										
Z 22A. EXTER	NAL CAUSE WAS	22B. P.	ACE OF INJURY (e.g.,	in or about	22C WHERE DID /	If In Rollimore Ci	tu alua ava	at leastice Y	es		
- OLAPEKTILIAG	OR CONTRIB-	home,	torm, toctory, street, office	e bldg., etc.)	INJURY OCCUR?				86-		
	USE OF DEATH. (Manth) (Doy) (Year	r) (Hour) 22	street		2000 blk.	of N. Wa	ishing	ton St	reet		
OF INJURY		w	•	WHILE (SEL							
(APPROX.)	1-16-70 4:00	6 A. m. W	ORK AT W		Shot durin	ng chase	after	suspe	cted		
	Ify that I held on I		I					burgl	ery		
		nquiry 📙		topsy	and that on th		_	_			
result	ted from: Natural cap	ses L Ac	cident Suicid	• L _ H	amicide X l	Indetermined	manner L	J			
ACTUAL	(21	1.6		CHIEF MEDICAL E	XAMINER		3.00	DATE SIGN	ED	
SIGNATI		metal	also De M.D.	ASS	ISTANT MEDICAL EX	KAMINER X			DAIL SIGIA		
EXAMIN	(/ g1() or	e Mihalal	kis, M.D.	ASS	CIATE MEDICAL EX	KAMINER -	Т	anuaru	16 1	970	
NAME (T	ype/						J	amuary	16, 1	570	
24A. BURIAL CRE/ REMOVAL (Special	MATION, 24B. DATE	240	NAME of CEMETERY	or CREMAT	DRY 24D. L	OCATION	(City, town	or county)	Stole)	
BUNN	al 1/21	170 /	M. Cals	am	0	.4.60	WALL	, n	10		
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C.	FUNERAL DIRECTO	R	AI	DDRESS	13	1	
JAN	19 1970 20	e B E. Fac	Ben M.D.	10	reph b	Lock	2 41/	1304	21/20	Led A	



VS 150-REV. 1/1/68

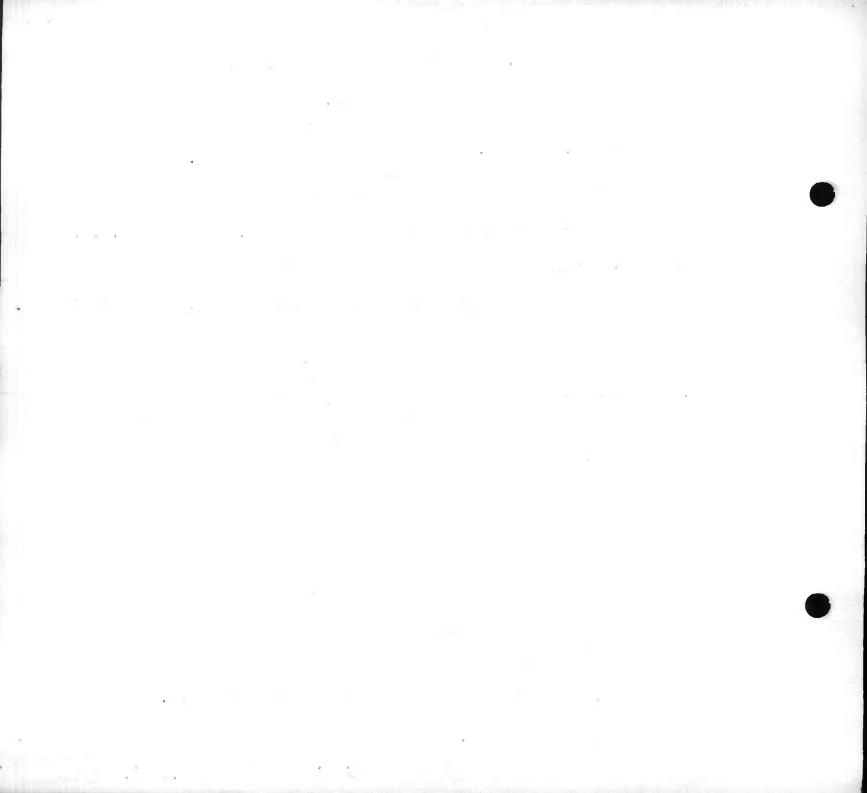


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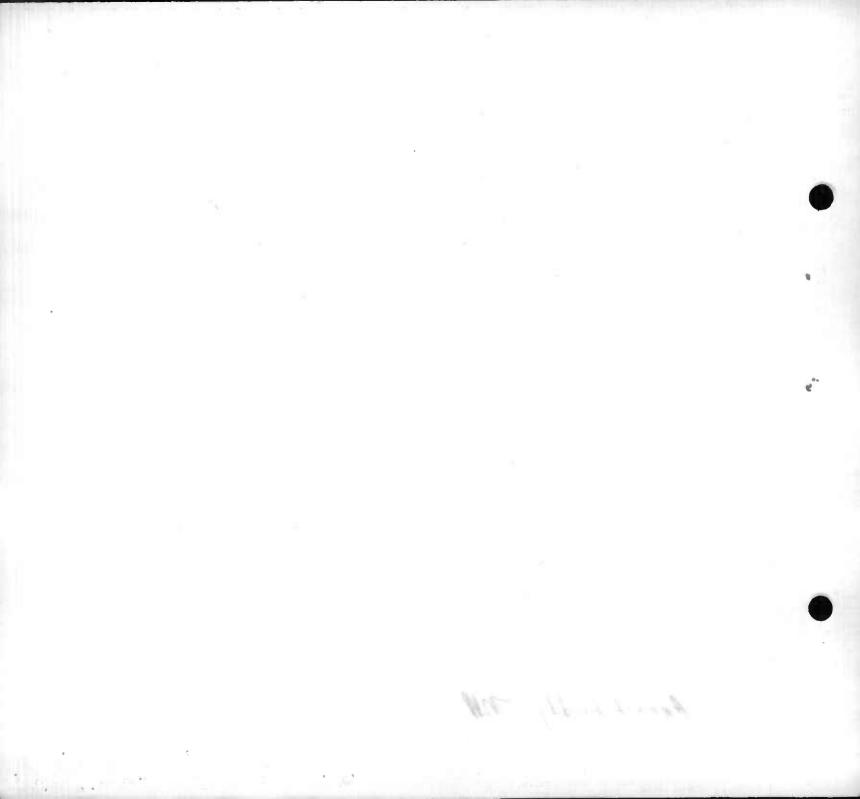
FUNERAL DIRECTOR:

Funeral home & telephone directory list address as 321 Homeland Sauthuray

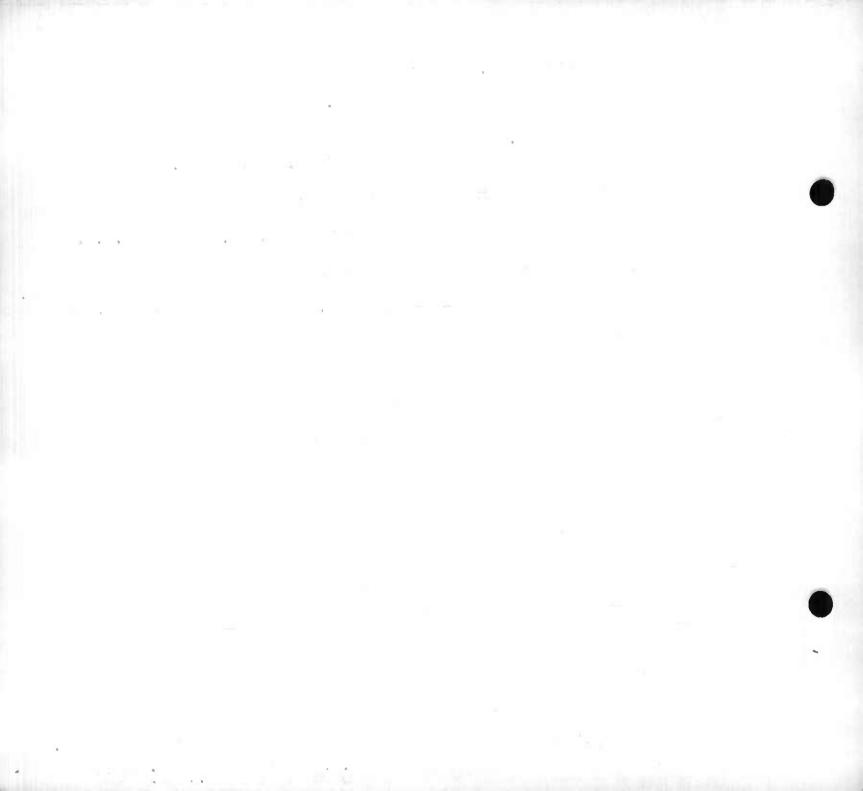
12	-	V3011	BALTIMORE CITY	HEALTH DEPARTM	ENT	
BIRTH NO.	70	00611	CERTIFICA	TE OF DEA	TH REG. NO	70 111611
I. NAME OF DECE	ASED			2 D	ATE AND HOUR OF DEAT	
AT 0.1 A	Richard	H.	Perry		n. 17. 1970	16 05 P
3. PLACE IN BALT	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENC		institution: residence belore admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	TUTION, GIVE STREET	Md.	In 18	VSIDE CITY LIMITS?
Mantonon	Century	Nursin	g Home	Baltimo		YES IN NO
70	102 N. P.			E. STREET AND NUM		
5. SEX	5. RACE	7. 44.4 77.57		8. DATE OF BIRTH	esham Ave.	II Under 1 Yr. , If Under 24 Ho
M	W	WIDOWED	NEVER MARRIED DIVORCED	7/19/1906	lost birthdoyl	Months Doys Hours Min.
IDA. USUAL OCCU	ATION (Give kind of work	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNT
	orking lile, even il retired) Mechanic	 Bethle	hem Steel	Baltimore	Ma	U.S.A.
3. FATHER'S NAM		7001110	IIdii OUCL	14. MOTHER'S MAID	EN NAME	0 . D . R .
Thomas	E. Perry			Nina Cann	on	
	ver in U. S. Armed For If yes, give wor or dote	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS
No	, and give their of dole			Miss Jun	• Chapman. 1	1229 Evesham Ave
18. 5.5	1 CI 1		CAUSE OF DEATH		\	APPROXIMATE INTERVAL
	OR CONDITION DI	RECTLY	Ca. 1	100	· do Far	lene BETWEEN ONSET AND DEA
	EADING TO DEATH	1.352 800	(A) IMMEDIATE CAU	SE O MESTI	in ig sa	
heort loiture, c	I meon the mode of sthenio, etc. Il means	the discose,	DUE TO, OR AS	CONSEQUENCE OF	. 0	
	licolion which coused		art	CUM	31	
A	NTECEDENT CAUSES		(B) C	e die	Heart Ta	eleno
	CONDITIONS, if above couse (A)		DUE TO OR S	A CONSEQUENCE OF	vusle	in
	CONDITION lost.	stoling line	(c) Dea	wete 1	Tellion	
_	11					
OTHER SIGNIFIC	ANT CONDITIONS CO					
DISEASE OR CO	NDITION GIVEN IN PAR	T 1 (A).	************	************		
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A.DATE OF	OPERATION 198 CON WAS PERI		WHICH OPERATION	20 A. AUTOPSY? (Ye	S OF No.	E FINDINGS CONSIDERED AUSES OF DEATH?
On CONTRIBUTE	WAS UNDERLYING	218	PLACE OF INJURY (e.g., in	or about 21 C. WHERE	DID (II in Boltim	ore City, give exect location)
DEATH (notify	nedical examined	etc.)			
21D. TIME	Monthl (Doy) (Year		INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
(APPROX.)		Wh	ile At Not While			
22. Leartify t	hat (1) (this hospital) attended t	he deceased fram	~ 25	1966 to 3	m /7 1970
1 1	ost saw the decease			7		pinian death accurred an the da
		ed abave. (i) (112) (414) (did not) v	lew the bady after o	leath.	
23A. SIGNATUR						23B, DATE SIGNED
rue	acely	juy	Degree Phys	Med. Director	Staff Phys.	1107/70
23C. PHYSICIAN NAME (Ty	Dr. Will	ard Ap		3D. ADDRESS 6615 Re	isterstownRo	1.
24A. BURIAL CREM	ATION, 248, DATE		DEGREE AME OF CEMETERY OF CRE			City, town, or county) IState)
Burial	ecityl		Mt. Olivet		Baltimore	
25A. DATE REC'D			OF REGISTRAR	25C. FUNERAL DI	RECTOR	ADDRESS
4 0 407	1 200 88 4	delice &	20000	P & 3	nkins & Sons Balto	CQ, 49.05, York



VS 150-REV. 1/1/68



K-122	70	0064	17	HEALTH DEPARTME		70 00613	
BIRTH NO.			CERTIFICA	TE OF DEAT	TH REG. NO	70 000.0	
1. NAME OF DECE	ASED			2. DA	TE AND HOUR OF DEATH		
2 2 4 2 7 4 1 7 4 7	Alice	G	Kastne	er	1-17	- 70 4 45 A Anstitution: residence before admission	
3. PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived. II in	stitution: residence before admission	
FULL NAME OF HOSPITAL OR INSTITUTION	UF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Md.		12.01	
NOTITIEN	ADDRESS OR LOCA	(TION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	
	Northway Al	ets.		Baltimor		YES NO	
00				E. STREET AND NUM			
5. SEX 16	6. RACE	17			Charles St.		
F	W	WIDOWED.	NEVER MARRIED DIVORCED	June 14,18	9. AGE (in years lost birthday)	If Under 1 Yr. If Under 24 Hrs Manths Doys Hours Min.	
IOA. USUAL OCCU	PATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. 81RTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTE	
done during most at we	orking life, even if refired[THE STATE OF WHA, COUNTR	
Housewi		Own	Home	Baltimor	e, Md.	U.S.A.	
Robert	Leitch Gra	how					
	ver in U. S. Armed Fore		11/		Paterson		
Tes, no ar unknown) (If yes, give wor at dote:	of servicei	1 6. SOCIAL SECURITY NO.	17. INFORMANT		Address Pkwy	
No			215-05-8511	D Mrs.Marg	aret Singley	,611 W. Univers	
18. Suffer of	2,31		CAUSE OF DEAT	1	<u> </u>	APPROXIMATE INTERVAL	
DISEASE	OR CONDITION DIR	ECTLY		at	\	BETWEEN ONSET AND DEATH	
		dvina e a	(A) IMMEDIATE CAU	SE Orleros d	water Heart De	sease 10 years	
hearl latture, as	(This does not mean the made of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury ar camplication which caused death.)						
	NTECEDENT CAUSES	deam.)		A			
			(8) Diahe	tes		5 years	
rise to the	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the						
UNDERLYING	CONDITION last.		(c) Gang	rene of n	foot	6 mas	
z	11						
FITO THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO TH	E TERMINAL				(4)	
DISEASE OR CON	PERATION 19% CONE	1 (A)	VHICH OPERATION	20A Allegarya IV	a. Na)! 208 15 455		
21A. ACCIDENT	WAS PERFO	DRMED	WILLIAM OF ENAMED	20A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
21A. ACCIDENT	21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INITIES (e.g. in as obsuit 21C, WHERE DID. 121 A. I.						
DEATH (notify m	redical examined	ham etc.)	e, farm, factory, street, of	ice bidg. INJURY OCCL	J R?	Aire ever lecouldul	
21 D. TIME (/	Manth) (Doy) (Year)	(Haur) 21 E.	INJURY OCCURRED	215 12011 21	D INJURY OCCUR?		
OF INJURY	, , , , , , , , , , , , , , , , , , , ,		le At Not While		MINKT OCCUR		
		War	k L At Work				
	at (1) (this hospital)		e deceased from) une	19 46 ta	1/17 19.70	
	st saw the deceased		1/16			ian death accurred an the date	
and hour and f	rom the causes state	d above. (1)	(We) (did) (did nat) vi	ew the bady after de	ath.		
23A. SIGNATURE	11.11	1,				23R DATE SIGNED	
paul	My E. +	es40	DEGREE Phys.	ding Med.	Staff Phys.	1/17/70	
23 C. PHYSICIAN	23 C. PHYSICIAN'S						
Fra		Leslie		35015+ Par	11St Balti	more md.	
AA. BURIAL CREMA	ATION, 248, DATE		ME of CEMETERY of CRE			y, lown, or county) (Slote)	
ntombmen		C	reenmount			an se	
SA. DATE REC'D BY	HEALTH DEPT	SB. NAME-O	reenmount REGISTRAN	25C. FUNERAL DIRE	Baltimore	Md.	
IAM.1	9 1970	3 E. Mad	Ber M.D.	H.W. Jenk	ins & Sons C	o. 4905 York Rd	
S 150-REV. 1/1/68			- NO.	UO	Balto, M	d. 21212	



VS 150-REV. 1/1/68

	H-126 70 005	BALTIMORE CITY H	HEALTH DEPARTMENT		70 00614
	IRTH NO.	CERTIFICAT	E OF DEATH	REG. NO.	70 00.2
(1	Type or Printly LOFFECICE		B. 1116	HOUR OF DEATH	14:45A .m.
3	L PLACE IN BALLMORE, MARYLAND, WHERE PL	RONOUNCED DEAD	L USUAL RESIDENCE (Where	deceased lived. If institution	n: residence before admission)
1	FULL NAME OF (IF NOT IN HOSMTAL OR I ADDRESS OR LOCATION)		MARYUM NS	D. INSIDE CIT	2 / 2 0 / × +++M,ITS?
	UNION Mer	4, (405D	E. STREET AND NUMBER	Y(s	NO
	44 BALTO.	, M)	3800 EAN	T ERBURY	RD
	WIDO	WED DIVORCED	1(125/9)	TO CE	nder 1 Yr. II Under 24 Hrs. hs Days Hours Min.
	DA, USUAL OCCUPATION (Givs kind of work 108, KIN	DOF BUSINESS OR INDUSTRY II	BIRTHPLACE (Store or foreign	n country) 12.	CITIZEN OF WHAT COUNTRY?
13	A FATHER'S NAME		MOTHER'S MAIDEN NAM	E	OC N
	THOMAS W. E	BURCH	LOUISE	RE6	1 STER
1113	was Deceased Ever in U. S. Armed Forces? es,no or unknown) Ill yes, give war er dates at sen	16. SOCIAL SECURITY NO.	INFORMANT /	MONKTON	Md. 21/11
	18. /74 X I	CAUSE OF DEATH	0 0 14 11 11 1	7,0776	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		OA O	REAST	DEL WEEK ONSE! AND DEATH
	(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO, OR AS A C	CONSEQUENCE OF:	PC 11-24	**********************
	Injury at camplication which caused death.			indea Tie	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, g	(B) DUE TO, OR AS A	consequence of:	y our medis	ucce
	rise to the obave cause (A) stoting UNDERLYING CONDITION last.	the (c) (c)	consequence of: Coolinates	lana.	m.m.
HON	OTHER SIGNIFICANT CONTRIBUTE CONTRIBUTE				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUT. TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL		*************	***************************************
IFIC	19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No)	208 IF YES WERE FINDIN IN CERTIFYING CAUSES C	GS CONSIDERED F DEATH?
O	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 B. PLACE OF INJURY (e.g., in o home, form, factory, street, office etc.)	r about 21 C. WHERE DID bldg., INJURY OCCUR?	(If In Beltimore City,	give exact lecation)
	OF INJURY (APPROX)	21E INJURY OCCURRED While At Not While	21F. HOW DID INJU	RY OCCUR?	
MEDI	(APPROX.)	While At Not While Nork	21F. HOW DID INJU	RY OCCUR?	/
MEDI	(APPROX.) 22. I certify that (1) (this hospital) attend that (1) (we) lost saw the deceased alive	While At Not While Cat Work Cat He deceased from On Cat	19 10 and that	90.	a19
MEDI	(APPROX.) 22. I certify that (1) (this hospital) attend that (1) (we) lost saw the deceased alive and hour and fram the causes stated above.	While At Not While Cat Work Cat He deceased from On Cat	19 10 and that	In (my) (our) opinion d	
MEDI	(APPROX.) 22. I certify that (1) (this hospital) attend that (1) (we) lost saw the deceased alive and hour and fram the causes stated above 23A. SIGNATURE	While At Not While Carlo North Work Carlo Not While Carlo North Work Carlo North Work Carlo North Work Carlo North	19 10 and that w the bady after death. Med. S Director P	In (my) (our) opinion d	eoth occurred an the date
WEDI	(APPROX.) 22. I certify that (1) (this hospital) attend that (1) (we) lost saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) NAME (Type)	While At Not While at Work I Not While I Not While I Not While I Not While I Not Work I N	19 10 and that we the bady after death.	in (my) (our) opinion d	
24	(APPROX.) 22. I certify that (I) (this hospital) attend that (I) (we) lost saw the deceased alive and hour and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 124B. DATE 24 REMOVAL (Specify)	While At Not While Carlo North Work Carlo Not While Carlo North Work Carlo North Work Carlo North Work Carlo North	Med. Director P	in (my) (our) opinion d	
24	(APPROX.) 22. I certify that (I) (this hospital) attend that (I) (we) lost saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL - 1/19/70	While At Not While At Work I At Work I More I Mark I Work I Mark I More I Mark I More	Med. Director ATORY 19 19 19 and their ond their ond Director P 24D. Local	in (my) (our) opinion d	or county) (State)
WEDI	(APPROX.) 22. I certify that (I) (this hospital) attend that (I) (we) lost saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL - 1/19/70	While At Not While At Work led the deceased framon Not While I work led the deceased framon Not While I work on Attending Physics Attending Physics Attending Physics Contact Physics Cont	Med. Director P	In(my) (our) opinion d 238. D	ATE SIGNED

Valdet send vest X 30 7 -4 3 CF ALL BARRYSAM $\geq f_{-1}$ Wound of flams Harried & B SHERM Chick Rome, He -

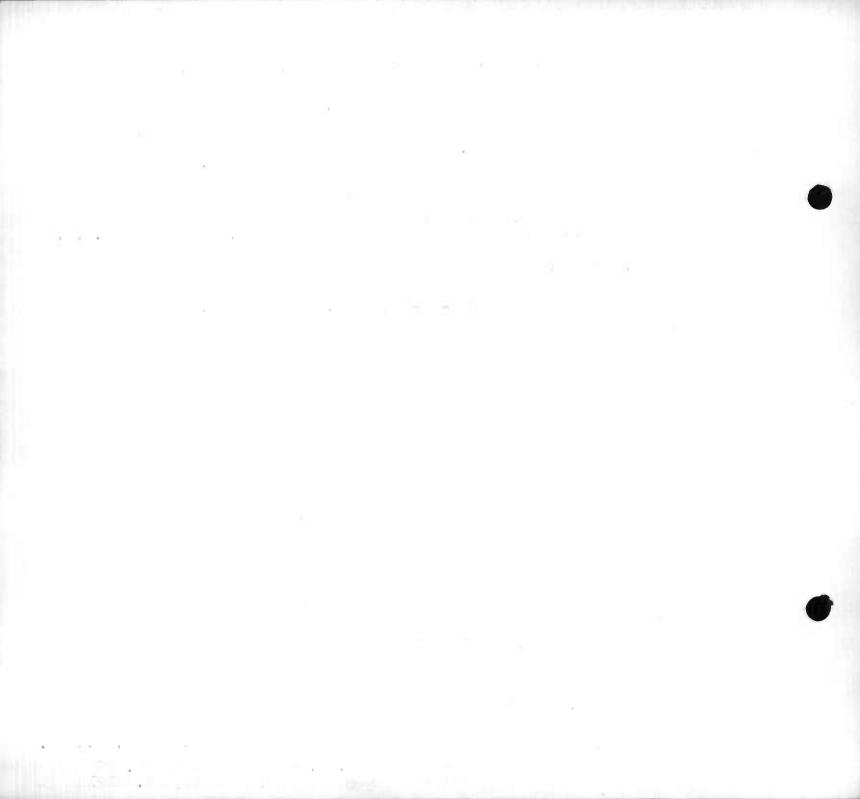
IMPORTANT

FUNERAL DIRECTOR:

Probably of The State of

Hunt I hand

T-	246	70 00	040	HEALTH DEPARTMENT		70 110616
BIRTH NO		70 00	OLD CERTIFICA	TE OF DEATH	H REG. NO.	
	OF DECEASED			2. DATE	AND HOUR OF DEATH	
tiype of P	'nnı)	Walter	lincent Igleha:		nuary 16,19	70 1 11 0
3. PLACE	IN BALTIMORE M	ARYLAND, WHERE	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It in	stitution: residence before admission)
FULL NA HOSPITAL INSTITUTI		T IN HOSPITAL OR	INSTITUTION, GIVE STREET	Md . c. city or town	D. INS	DE CITY LIMITS?
•				Baltimore		YEST NO
D	56	29 Govan	Ave.	5629 GOVE	R	
5. SEX	6. RACE		RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
M.	W	I AAID	OWED DIVORCED	7/13/1898	777	Months Doys Hours Min.
IOA, USUA	L OCCUPATION (G	ve kind of work 108, KI	nd of Business of Industry inton Railroad	11. BIRTHPLACE (Stote or	toreign country)	12. CITIZEN OF WHAT COUNTRY
Het1	red Secu	rity Guar	ed Railroad	Baltimore,	Md.	U.S.A.
	R'S NAME			14. MOTHER'S MAIDEN	NAME	
Hows	ard B. Ig	lehart		Gertrude F	allon	
15. Wes D	eceased Ever in U. Unknown) (If yes, give	S. Armed Forces? a war or doles of se		17. INFORMANT		ADDRESS
Yes	3		213-03-3240	Mrs. Berna	dine E. Igl	ehart (Same)
18.	DISEASE OR CON	DITION DIRECTLY	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING		(A)IMMEDIATE CAL	SE Pourrent	Milacardial	first seconds
heort	toilure, asthenia, e	e mode of dying, tc. It means the dis hich caused death.)	sease,	A GONDE GOLINGE OF	0	
	ANTECEDER	T CAUSES	Perfer	- selection	the die	er gayears
DISEA		TIONS, if any,	(B) DUE TO OR AS	A CONSEQUENCE OF:	Year Design	- 9 years
ก่รย	la the above	cause (A) stating	1he (C)			
_	1					
E ITO THE	E DEATH BUT NOTE	DITIONS CONTRIBUTED TO THE TERM IVEN IN PART 1 (A).	ING INAL		*******************************	
19A.D.	ATE OF OPERATION	198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CO	CCIDENT WAS UNDERTRIBUTING CA	DERLYING USE OF	218 PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.)	or shoul 21C WHERE DID	(It in Boltimore	City, give exect location)
OF INJ	ME (Manth) (I	Poyl (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
CAPPRO			While At Work Not While At Work			
22. 1	eartify that (f) (th	is hogaltal) atta-	ded the deceased from	State	0 / 9	- Course of
		he deceased allye		5 10 70	2 19 62 5 to	Juc 16 19 70
	•		OII TARE	Yond	that in (my) (our) opin	ion death occurred on the date
ond he	our and from the c	auses stated oba	ve. (I) (We) (did) (d id not) vi	ew the body ofter deat	h.	
23/10/31	Trederic	ck I Va	Carsey Why Atter	ding Med.	Staff Phys.	23R DATE SIGNED
23C. PH	IYSICIAN'S AME (Typel	1000	DEGREE	3D. ADDRESS	Phys. L.	1-19-70
		T Walls			Dood	
		J. Volln	DEGREE	6100 York		
-	OVAL (Specify)		4C. NAME of CEMETERY of CRE			, lown, or county) (Stote)
	ial 1	/20/70	Parkwood			alto.Co., Md.
25A. DATE	N 19 1970	Valent E.	ME OF REGISTRAR	H. W. Jen	kins & Sons	Co. 4905 York
VS 150-REV	/ ₄ 1/3/68			- U 0	Halto,	Md 21212



THE SHEET OF THE SHEET SHEET OF

IMPORTANT

DIRECTOR:

FUNERAL

VS-150-REV- 1/1/68

Hayaral Chart Burney St. 11 God 110. Uno Min at Hy

BALTIMORE CITY HEALTH DEPARTMENT

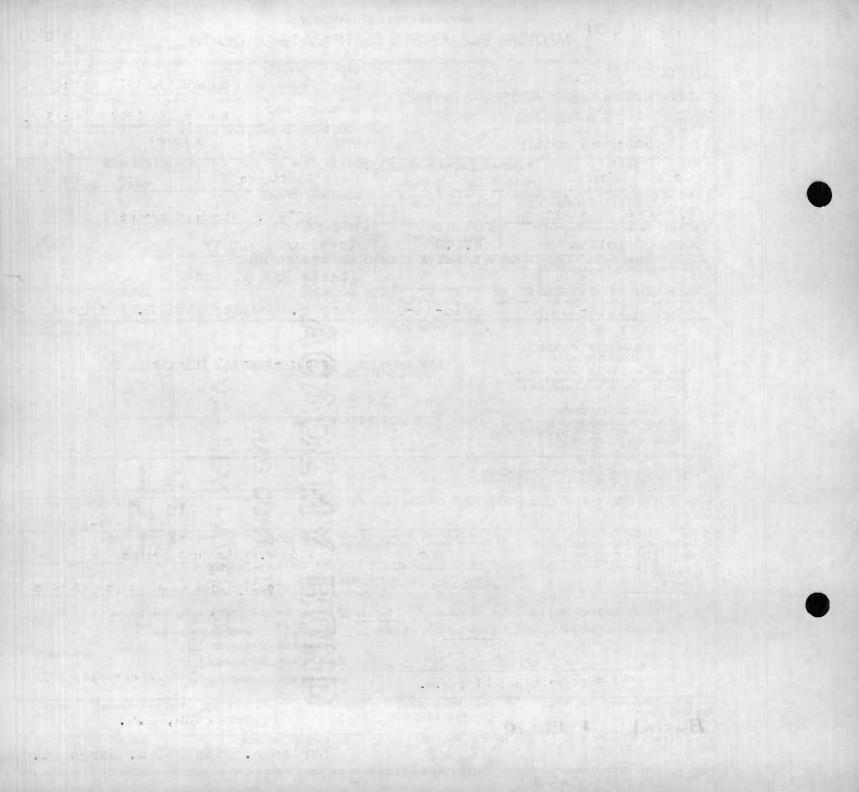
In Application Stand Sta	BIR	70 (11)619	MED	ICAL	L E>	(AMINER'S			OF DE	ATH	REG. NO.	70	00619
4. PLACE IN BAILTMORE, MARYLAND, WHERE PRONOUNCED DEAD HOSPILLI NAME OF HOSPILL OR, NO DATES OR LOCAINON, GIVE STREET HOSPILL OR, OR PATHON DATES OR LOCAINON, GIVE STREET HOSPILL OR DATES SAIR MATY JAIN B. COUNTY MAIL OR JUNE OF BUILDING OR LOCAINON, GIVE STREET HOSPILL OR DATES HISTORY OR LOCAINON, GIVE STREET HOSPILL OR DATES HISTORY OR LOCAINON, GIVE STREET HOSPILL OR DATES HISTORY OR LOCAINON, GIVE STREET HOSPILL OR STREET HOSPIL	1. I (Typ	NAME OF DI	ECEASED HOMAS	SHAWN	BRADI	FORI)	OF						
South Baltimore General Hospital 6. SEX	4. I FUL HO:	L NAME OF	ALTIMORE, M	OT IN HOSPITA	L OR INS		ON, GIVE STREET	3. DATE PRON	OUNCED DEA	AD J	_{nth} Janua:	Doγ ry 15,	1970	9:56 A.M.
Male Negro Wildowsel Divorted Divorted Baltimore Yes No			South B	altimor	e Gei	nera							residence	301
1. BIRTHALACE (Stole or foreign country) 1. STAILER'S NAME 11.2				ro	1			C. CITY		imore	D			No []
I. BIRTHPLACE (Stone or foreign country) I. CAUTEEN OF WHAT COUNTRY I. STATHER'S NAME Thomas Bradford WHAT COUNTRY WHAT COUNTRY I. MOTHER'S MAME THOMAS Bradford WHAT COUNTRY I. MOTHER'S MAME THOMAS Bradford I. MOTHER'S MAME Patricia Fulton I. MOTHER'S MAME Patricia Fulton I. MOTHER'S MAME Patricia Fulton I. MOTHER'S BRADEN NAME Patricia Fulton I. MOTHER'S BRADEN NAME Patricia Fulton I. MOTHER'S BRADEN NAME Patricia Fulton I. MOTHER'S BECKETING WAS DECEASED EVER IN U.S. ARMED FORCES? I. SCOILL NO. II. MOTHER'S BRADEN NAME Patricia Fulton I. MOTHER'S BECKETING WAS DECEASED EVER IN U.S. ARMED FORCES? I. SCOILL NO. II. MOTHER WAS DECEASED BRADEN OF A MOTHER WAS DECEASED BRADEN OF		ATE OF BIR	TH	10. AGE (1	yeors	if Un Monti	der 1 Yr. if Under 24 Hrs.	E. STREE			aha11			NO L
Indication Ind	11.	BIRTHPLACE	(Stote or fore	ign country)		12. C	HAT COUNTRY?		ER'S NAME			20166		
SECURITY NO. Gertrude Lemon 1122 Leadenhall St.	14A done	USUAL OCC	UPATION (G	ive kind of work even if retired)	148. KIND	OF B		15. MOT	HER'S MAIDEN	NAME				
CAUSE OF DEATH	16. (Yes	WAS DECEA , no or unknow	SED EVER IN	Wor or doles	FORCE:	S?)	SECURITY NO.			Lemon	1122			11 St.
222. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH. 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Bolitimore City, give exact location) home, form, foctory, street, office bldg., etc.) 1 Injury OCCUR? 227. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 23. 1 Certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☐ and that on this basis, death in my apinion resulted from: Natural causes ☐ Acqtdent ☐ Suicide ☐ Hamicide ☐ Undetermined manner ☐ CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ January 15, 1970 24A. BURIAL CREMATION, 24B. DATE	CATION	DISEASES RISE TO TI UNDERLY OTHER SIG	re, osthenio, ei omplication wh ANTECEDENI S OR CONDIT HE ABOVE CA ING CONDIT WIFICANT CO	IC. It means the alch coused decorate to the	discose, oth.) GIVING THE	TING	(B) DUE TO, OR	AS A CONS	EQUENCE OF:					
222. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH. 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Bolitimore City, give exact location) home, form, foctory, street, office bldg., etc.) 1 Injury OCCUR? 227. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 23. 1 Certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☐ and that on this basis, death in my apinion resulted from: Natural causes ☐ Acqtdent ☐ Suicide ☐ Hamicide ☐ Undetermined manner ☐ CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ January 15, 1970 24A. BURIAL CREMATION, 24B. DATE	ERTIFIC	DISEASEC	OR CONDITION	GIVEN IN PA	ART 1 (A)	•	WHICH OPERATION WA	AS PERFO	RMED			***************************************	21. AUTO	PSY? (Yes or No)
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my apinian resulted from: Natural causes Academt Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER January 15, 1970 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY Baltimore, Mary land 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	CAL	UNDERLYIN	G OR COM	VTRIB-		228. P	LACE OF INJURY(e.g., form, foctory, street, office	in or obou e bldg., etc.	22C. WHERE	DID (If in Bo	oltimore C	City, give exo	t locotion)	
I certify that I held an Inquiry Inspection Autopsy I and that on this basis, death in my apinian resulted from: Natural causes I Acqtdent Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER I January 15, 1970 ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER I January 15, 1970 ASSOCIATE MEDICAL EXAMINER I January 15, 1970 AMME (Type) ASSOCIATE MEDICAL EXAMINER I January 15, 1970 AMME (Specify) 1-19-70 Mt. Auburn Baltimore, Mary land ADDRESS ACCTUAL SIGNED ASSOCIATE MEDICAL EXAMINER I JANUARY 15, 1970 BUT 181 240. LOCATION (City, lown, or county) (Stote) BUT 181 255. FUNERAL DIRECTOR ADDRESS	Σ	22D. TIME OF INJURY (APPROX.)) (Hou	W	HILEAT NOT		22F. HOW D	ID INJURY	OCCUR?			
10 1 0 1070 CA & & Jackson M.D.	24.4	ACTUA SIGNA EXAMI NAME	TURE NER'S (Type)	Natural couling Charles	S.	Spri	Suicident Suicident M.D. ingate, M.DNAME of CEMETERY	AS AS	Hamicide CHIEF MEDI	Under	INER INER	d manner []] [X] Jan (City, town,	nuary or county	15, 1970) (Stote)
VS 151-REV. 1/1/68		JA	N 19 19	DEPT. 70	258. N						Lce			rre St.

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10	100620

D-230	BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 70 00620
	I. NAME OF DECEASED (Type or Print) CLEO DOUGHTY 2. DATE Known R Month Doy Year Hour OF DEATH Estimated D January 15, 1970 9:45 P.M.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 3. DATE PRONOUNCED DEAD January 15, 1970 9:45 P.M. S. USUAL RESIDENCE (Was a described by the first of the f
	Lutheran Hospital A. STATE Maryland B. COUNTY 10021
	6. SEX Negro Never Married
	9. DATE OF BIRTH 6. AGE (In yeors lost birthdoy) 29/47 6. AGE (In yeors Months, Days Hours Min. 2759 W. Fairmount Avenue
	South Carolina 12. CITIZEN OF WHAT COUNTRY? Cleveland Doughty
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Jessie Mae Gibson
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give war or dates of service) yes 1966-1968 17. SOCIAL 218-44-0934 Mary E. Doughty 2759 W. Fairmount Ave
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) IMMEDIATE CAUSE Cerebro-cranial injuries DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes
	22A. EXTERNAL CAUSE WAS UNDERLYING NO CONTRIB. UNDERLYING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) 10 mme, farm, foctory, street, office bldg., etc.) 10 mme, farm, foctory, street, office bldg., etc.) 10 mme
	1 certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my apinion resulted fram: Natural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S Isidore Mihalakis, M.D. ASSOCIATE MEDICAL EXAMINER January 16, 1970 ASSOCIATE MEDICAL EXAMINER January 16, 1970
	24A. BURIAL CREMATION, REMOVAL (Specify) 1-19-70 Tawcaw 24B. DATE Tawcaw 24C. NAME of CEMETERY or CREMATORY Summerton, S.C. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR Charles A. Rice 661 W. Barre St.



VS 150-REV. 1/1/6B



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FUNERAL DIRECTOR: IMPORTANT

1	V =11	70 00	BAI	LTIMORE CITY I	HEALTH DEPARTM	ENT		75 00/	000
BII	TH NO.	70 008	CE	RTIFICAT	TE OF DEA	TH	REG. NO.	TU UUR	043
1.1	NAME OF DECEASE	D . /	. /		₹ D	ATE AND HOU	R OF DEATH		CU
	pe or Printl	M GER/IN	9 VIE	291 NIA		an 15.	1970	1 3	11 Am.
1	STACE IN LANTING	RE MARYLAND WHERE	SONOTHICED DE	KD	4. USUAL RESIDENCE	E (Where deced	sed lived. If institu	ution: residence	e before admission)
1	ILL NAME OF	IN NOT IN HOSPITAL OR	INSTITUTION, GIV	E STREET	Maryland		a.a. 6	50	2-00
IN	ISTITUTION	ADDRESS OR LOCATION	2, 1	11-20-19	C. CITY OR TOWN		D. INSIDE	CITY LIMITS?	
44	- 111	10 more	ent lea	7	E, STREET AND NU		a Pk Y	ES 🗌	NO
6	With HON	notical Hospi	tel a	46	276 Bowli				, /
5.	SEX d. R/	111		MARRIED 8	DATE OF BIRTH	30 9. AGE	(In years Inday)	f Under 1 Yr.	If Under 24 Hrs. Hours Min.
10/	A. USUAL OCCUPATI	ON (Give kind of work 108, KI			1. BIRTHPLACE (Stote		try	2. CITIZEN OF	WHAT COUNTRY?
dos	ne during most of working	g life, even if retired)			m-	- /			< Z7
13.	FATHER'S NAME	rigit		1.	4. MOTHER'S MAU	EN NAME	7	4	3/7
	C/A4	dEWA	4	ſ	Ma	witt	1 m	rolle	-
15. (Ye	Was Deceased Ever	in U. S. Armed Farces?	vice) 16. SOCIA	IL III	7. INFORMANT		1	ADDI	ESS
	w			6-1651	luces	bon	1		
	18. 430.	9		SE OF DEATH					DXIMATE INTERVAL
		CONDITION DIRECTLY	•	Rus	hered &	riddl.	eeshal		ONSET AND DEATH
	(This does not me	ean the made of dvina.	0.0.	IMMEDIATE CAUSE	CONSEQUENCE OF:		embal	2	
	heart failure, asthe	nia, etc. It means the di- lian which caused death.	sease.	JUE 10, UK AS A	CONSEQUENCE OF:				
		CEDENT CAUSES					•	1	
	DISEASES OR C	ONDITIONS, if any,	(B) giving	DUE TO, OR AS A	CONSEQUENCE OF	· · · · · · · · · · · · · · · · · · ·			***************
	rise to the ob	ove cause (A) stating	the (C).					O.U	
		П	(0/2						
No.	OTHER SIGNIFICAN	CONDITIONS CONTRIBU	TING					Y	
ERTIFICATION	DISEASE OR CONDI	NOT RELATED TO THE TERM TION GIVEN IN PART 1 (A).					A		
Ē	JANDATE OF OPER	ATION 198 CONDITION WAS PERFORMED	FOR WHICH OPE	RATION	20A AUTOPSY? (Ye	5 or Na) 20B, 11 IN CE	F YES, WERE FINE	S OF DEATH?	DERED
CER	21A. ACCIDENT W.	AS UNDERLYING	21 B. PLACE OF	INJURY (e.g., in a	or about 21 C. WHERE	DID	(if In Baltimore Ci	ity give exact [location)
1	DEATH (natify medic	CAUSE OF Call examined	hame, farm, fac	dary, street, affic	e bldg., INJURY OCC	CUR		IN SILE GVOCI I	ioconon;
MEDIC	21 D. TIME (Mar	th) (Day) (Yearl (Haud	21E INJURY O	CCURRED	21F. HOW D	ID INJURY OC	CUR?		
Z	OP INJURY (APPROXI		While At	Not While L					
	22. 1 certify that	(I) (this hospital) atten		All Hulk L	-10	1007	1		10 70
11	The state of the s	saw the deceased alive				19 7 C	v) (our) sainle	- /	orred on the date
		the causes stated abo			w the hady after a	land that in the	y/ (cor/ opinio	n deoin occu	orred on the date
	23A. SIGNATURE	107.			w the body offer c		23	B, DATE SIGNE	ED
	Tran	MY TIM	ne Tuck	Attend Phys.	ing Med.	Staff Phys.		1-11	F-70
	23 CARYSICIAN'S NAME (Typel	11	7 11	DEGREE	D. ADDRESS				1
	FOG	INK J.	6,11/8	N	Gric	ow M	enum	el the	sold
24/	REMOVAL (Specify	N, 248, DATE 2	4C. NAME OF CEA	METERY OF CREM	ATORY	24D. LOCATION	(City, to	awn, or caunty	(Stole)
-	Burial	4 4	Lake View	Memoria	L Park	Baltim	ore, Mary	land	
25A	DATE REC.D BY H		ME OF REGISTRA		25C. FUNERAL DIE	RECTOR		ADE	DRESS
12	WOW MIN	On mon Ba	Tag. U	U U (Lonated J	Ruck In	c. Baltim	iore, Ma	ryland
V.3	1000000000000000000000000000000000000	The second second	- Anna 17						

V. 5. 153 1-20 M. H.

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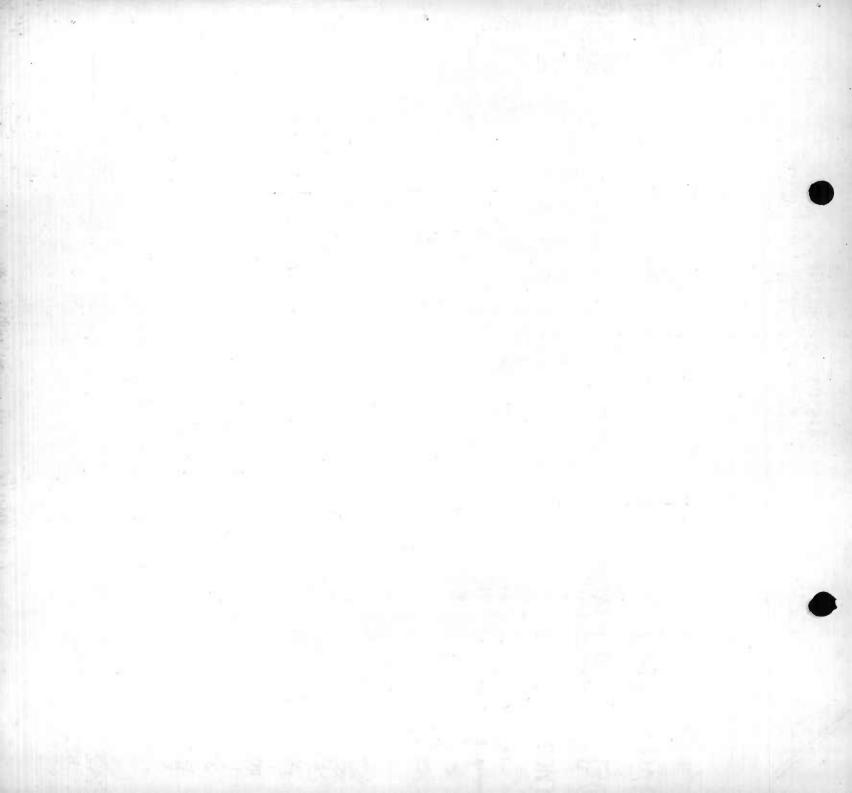
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IMPORTANI

DIRECTOR:

FUNERAL



V-453 BALTIMORE CITY HE	
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 70 00625
I. NAME OF DECEASED	2. DATE Known Manth Day Year Hour
(Type or Print)	OF FRANKING
RICHARD VALENTINE 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	1 12 70 12:30P. M.
	5. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission) A. STATE B. COUNTY
834 N. Bond St.	Md. 704
6. SEX 7. RACE B. MARRIED NEVER MARRIED X	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Balto. YES 🔀 NO 🗌
9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. II Under 24 Hrs.	E. STREET AND NUMBER
Aug 15, 02 lost birthdov) Months, Doys Hours Min.	834 N. Bond St.
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME
Wirginia WHAT COUNTRY?	
- U.S.A.	George Valentine
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY danduring any sof working life, even if reflired)	
	Agnes Evans
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, na ar unknown)((II yes, give wor or dates of service) SECURITY NO.	18. INFORMANT ADDRESS
no 219-07-9286	Mrs. Mae Branch 1734 East Eager St.
19. CAUSE OF DEAT	H APPROXIMATE INTERVAL
Arterioscler	otic cardiovascular disease
LEADING TO DEATH	
(This does not mean the made of dying, e.g.,	AUSE S A CONSEQUENCE OF:
heort failure, osthenia, etc. It means the diseose, injury or camplication which caused death.)	o A convergent de con
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
Ö	
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	no
22A. EXTERNAL CAUSE WAS UNDERLYING → CONTRIBUTION OF DEATH.	in or obout 22C. WHERE DID (II in Bolitmore City, give exoct location) bldg., etc.) INJURY OCCUR?
OF INJURY (Month) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT AT W	WHILE ORK
23.	
I certify that I held on Inquiry Inspection X Aut	opsy ond that on this basis, death in my opinion
resulted from: Notural couses Accident Suicid	e Homicide Undetermined manner
0.7	CHIEF MEDICAL EXAMINER
ACTUAL STORMEN	DATE SIGNED
SIGNATURE M.D.	
EXAMINER'S NAME (Type) Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER 1-12-70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify)	
Burial 1-19-70 Mt. Calvary C	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 1735 Harford DORES. 21213
JAN 20 TO 10 10 10 10 10 10 10 10 10 10 10 10 10	Marshall W. Jones, Jr.
VS 151.8EV 3/1/68	7-4-2-4

FUNERAL DIRECTOR: IMPORTANT

1	7.600	CO 000	20	BALTIMORE CITY	HEALTH DEPARTMEN	NT .	70	00626
	RTH NO.	70 006	36	CERTIFICA	TE OF DEAT	H REG. NO	70	00040
	Pe or Print	. /		Curry	2. DA	TE AND HOUR OF DEATH	1	735
3,		E MARYLAND, WHERE P	RONO UN C	ED DEAD	4. USUAL RESIDENCE	IWhere deceased lived, If	institution; resid	lence belore edmission
H	CATHAL OK A	F NOT IN HOSPITAL OR			c. CITY OR TOWN	Ryland.	SIDE CITY LIMIT	642
1	FArbor Vi	ew CONV	1. 6	CHIEF	Baltima E. STREET AND NUME	IRE	YES [4	NO 🗌
L	12/3 Li	ght StR	ee t	-	4209	Nia holo	s AV	E
5.	SEX 6. RA	WIDO	RIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Months Do	Yr. If Under 24 Hrs.
10/	USUAL OCCUPATION during most of working	N (Give kind of work 108, KI	D OF BU		11. BIRTHPLACE (Slole of	t foreign country)	12. CITIZEN	OF WHAT COUNTRY
	Housewife	- III	Own	H∙me	Baltin	MORE Md.	US.	
	//	102/ 11 d	1		14. MOTHER'S MAIDEN	INAME	٨	
15.	Wos Deceased Ever in	Us S. Armed Forces?	1 a/A	SOCIAL	17. INFORMANT	RGGRET	DILR	aN
(Ye		U. S. Armed Forces? J. give war at doles of ser	vice)	SECURITY NO.		1426 Oakdale	Rd	DDRESS
	No	-71 3 22 0		CAUSE OF DEATH	Clifford Bra	ndenburg G	len Bur	
	432.7	CONDITION DIRECTLY		CAUSE OF DEATH	000			PPROXIMATE INTERVAL MEEN ONSET AND DEATH
	LEADI	NG TO DEATH		(A) IMMEDIATE CAU	al fren	osclaros a	5.	525
	(This does not med heart failure, asthen	on the mode of dying, ia, etc. It means the dis	e.g., ease.	DUE TO, OR AS	CONSEQUENCE OF:	***************************************		
	injury or complication	in which caused deoth.)		R	1011	1 11	, 1	
		EDENT CAUSES		(B) Slery	- Carofid a	Atres Parcons	20545	mos
	rise to the oba	NDITIONS, if ony, give cause (A) stoting	iving the	DUE TO, OR AS	A CONSEQUENCE OF:			
	UNDERLYING CON	IDITION last.		(c)				
z	OTHER SIGNIFIC ANT	11 CONDITIONS CONTRIBUT	INC	na	1 11	00-		
ATION	ITO THE DEATH BUT I	NOT RELATED TO THE TERMI ON GIVEN IN PART 1 (A).	NAL	1/2012	efes /ne	Elettes	4	13
CERTIFIC,	19A- DATE OF OPERA	198 CONDITION WAS PERFORMED	FOR WHIC	CH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CO. USES OF DEA	NSIDERED TH?
CAL CE	21A. ACCIDENT WA OR CONTRIBUTING [DEATH (notify medical	CAUSE OF	21 B. PLA home, fo	CE OF INJURY (e.g., in foctory, street, off	or obout 21C. WHERE DI	D (If In Boltimo	re City, give ex	oci locotion)
	21 D. TIME (Month	al (Doyl (Year) (Hour)	21 E. INJ	URY OCCURRED	21F. HOW DID	INJURY OCCUR?		
2	(APPROX)		White A	Not While				
	22. I certify that (1)(this hospital) attend	1		12-29	19 <u>69ta</u>	/ /.	5 10 70
	that () delast s	aw the deceased alive	an	1-15		d that in (any) Cap	nlan death a	ccurred an the date
	23A. SIGNATURE	the causes stated abar	10.(U) (M	(did no) vi	ew the body after dec	ith.		
	1//	All	_	After	ding Med.	¬ Staff ┌¬	238, DATE SI	GNED
	23C. PHYSICIAN'S NAME (Type)	- July	mo	DEGREE	Director L	Phys.	1/13	10
24A	BURIAL CREMATION REMOVAL (Specily)	N, 248. DATE 24	C. NAME	DEGREE of CEMETERY OF CREE	120 7547 MATORY 124	D. LOCATION (C	ity, town, or co	July 1State
	Burial	1/20/70		ar Hill				
25A	DUTTAL	ALTH-DEPT. 258, NA	ME OF BE		25C. FUNERAL DIREC			ADDRESS
_	IAN 20 19/0	Markers & Alex	May "	5000	Wm Cgo	Brooks Wes	st Inc	ike Malt M
15	150 DEV 1/1/48				06.16	STRUCTE NAT	TOTAL P	INC. IDELL

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	124 70 000	BALTIMORE CITY	HEALTH DEPARTMENT		20 00627
BIR	5-632 70 11163	CERTIFICA	TE OF DEATH	REG. NO	10 00021
1,1	NAME OF DECEASED SCHWARTZ,	MRS. ANNA	I, JAN		70 3 30 P.M.
He	ERTIFICATE AND ADDRESS OF LOCATION	FNDED SHOON GIVE STREET 1-26-70	A. STATE MARY AND C. CITY ORTOWN BALTIMORE	A D. INS	institution: residence before odmission) 30
K	Keswick - 700 W. 40	15t. 21211	E. STREET AND NUMBER	Street	No L
5.	FEMALE WhitE WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	MARCH 14, 1880	ost birthdoy) 89	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIN no during most of working life, even if refired) House wiff	D OF BUSINESS OR INDUSTRY	Mary land	n country)	U.S. A.
0 4	Andrew J.	Hugg		abeth I	
15. (Ye	. Wos Deceosed Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war at dates at serv		17. INFORMANT Keswick	Record	ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gi	(B)	Cleratic Cardian	roscela Dis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SOLUTION SOL
ATION	I TO THE DEATH BUT NOT RELATED TO THE TERMI	(c)			
ERTIFICA		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, off etc.)	or obout 21C. WHERE DID	(If in Boltimor	re City, give exoct location)
MEDI	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJU	JRY OCCUR?	
MEDI	(APPROX.) 22. I certify that (I) this hospital attended that (I) (we) lost sow the deceased alive	While At Not While At Work Not While At Work Not While At Work In the deceased from 19	TeD 1	965 to 14	a 26 19 10
MEDI	(APPROX.) 22. I certify that (I) this hospital) attend that (I) (we) lost sow the deceased alive and hour and from the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	While At Not While At Work Ided the deceosed from Not While At Work on 1000 (Me) (did no) view (1) (We) (did) (did no) view (1) (We) (did no) View (1) (Me) (Me) (Me) (Me) (Me) (Me) (Me) (Me	19 10 ond the liew the body ofter deoth. Med. Director M 23D. ADDRESS	of in(my) (our) opl	23B. DATE SIGNED
W	(APPROX.) 22. I certify that (I) this hospital attended that (I) (we) lost sow the deceased alive and hour and from the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Aubrey D. Richardson, Burlal Cremation, 1248. Date	While At Not While At Work Ided the deceosed from Not While At Work on 1000 (Me) (did no) view (1) (We) (did) (did no) view (1) (We) (did no) View (1) (Me) (Me) (Me) (Me) (Me) (Me) (Me) (Me	19 0 ond the iew the body ofter death. Med. Director Med. 23D. ADDRESS 700 W. 40th	9 05 to 000 opt in(m) (our) opt Shaff Court	23B. DATE SIGNED
24	(APPROX.) 22. I certify that (I) this hospital attends of the course stated above and hour and from the courses stated above 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) Aubrey D. Richardson, REMOVAL (Specify) Burial	While At Not While At Work Ided the deceosed from Not While At Work on Not While At Work on Decree (1) (We) (did) (did not) vice (1) (We) (did) (did not) vice (1) (We) (di	19 0 ond the liew the body ofter deoth. Med. Director Matter 23D. ADDRESS 700 W. 40th MATORY 24D. Lo	9 65 to 19 of in(m) (our) opl	23B. DATE SIGNED 16 Jan 1970 timore, Md. 21211 ity, town, or county) (Stote)

VS 150-REV. 1/1/68

hospital

IMPORTANT

DIRECTOR:

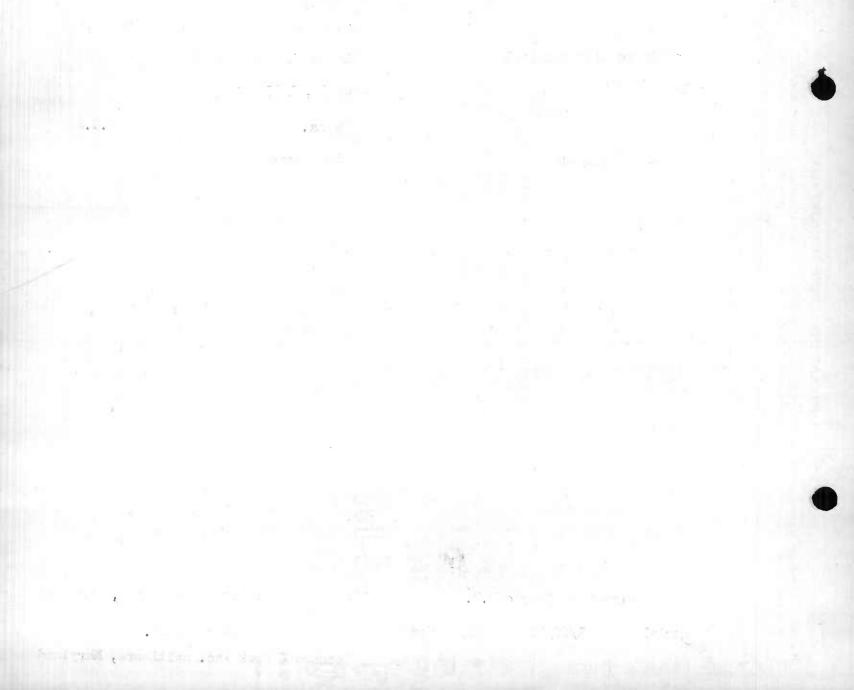
FUNERAL

appraved

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Whore deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? NO -- 13/2 Potomar Street- 1342 Pontiac Avenue If Under 24 Hrs. Hours Min. If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Same APPROXIMATE INTERVAL 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltlmore City, give exoct location) and that in (my) (our) apinian death accurred on the date Widow's Affidavit and her Driver's License 1-26-70 M.H.



1					Y HEALTH DEPA			F*1/ 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	00
BRT	1-122 HNO.	70 E	10629	CERTIFICA	ATE OF D	EATH	REG. NO	70 1105.	9
	ME OF DECEASED						HOUR OF DEAT	Ή	
Туре	Joseph Joseph	1	Vovachek			Januar	V 18 1970	1 12	:50 A
3. PI	LACE IN BALTIMORE, A			ED DEAD	4. USUAL RESI	DENCE (Where	deceased lived. If	institution: residence be	fore odmission
FUL	L NAME OF (IF N	OT IN HOSPITA	L OR INSTITUTION	N, GIVE STREET	Mary Jan	d		260	5
INST	TITUTION						D. IF	NSIDE CITY LIMITS?	
1	31				Baltimo			YES 🔀 NO	<u> </u>
	Baltimore Ci	tv Hospi	tal		316 Sou	th Folc	roft. St.		
. SE				NEVER MARRIED		TH S	AGE (In years		Under 24 Hrs
Ma	ale Whi		WIDOWED	DIVORCED	June 30.		ost birthdoy) 58	Monins Doys Ho	urs Min.
-	USUAL OCCUPATION							12, CITIZEN OF WE	AT COUNTR
done	during most of working life,	, even if retired)			Penna			U.S.A	
13. F	ATHER'S NAME	12	NO. 0		14. MOTHER'S	MAIDEN NAM	\E		
	Frank Nov	achel			Mary S	Shane			
S. W	os Deceosed Ever in U	. S. Armed Force	es? [16.	SOCIAL	17. INFORMANT			ADDRESS	
Yes,	no or unknown) (If yes, g	ive wor or dotes	af service)	SECURITY NO.					
1	18.41 10 19	1		CAUSE OF DEA	TH	man 1	Pur mi	APPROXIM	ATE INTERVAL
	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH CAUSE OF DEATH CONDITION DIRECTLY APPROXIMATE IN BETWEEN ONSET AN								SEI AND DEAL
	LEADING TO DEATH								
(This does not mean the made all dying, e.g., (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:									
	heart failure, osthenio, injury ar camplication								
		ENT CAUSES							
				(8)	S A CONSEQUENC				
	DISEASES OR CONE			DUE TO, OK A	S A CONSEQUENC	CE OF:			
	UNDERLYING CONDI		sioning ine	(c)					
-		П							
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
Ħ.	TO THE DEATH BUT NO	TRELATED TO TH	E TERMINAL				4 4 0-04-4000-4000		
	DISEASE OR CONDITION	ON 198, COND	ITION FOR WHI	CH OPERATION	20 A. AUTOPS	SY? (Yes or No)	20B, IF YES, WER	RE FINDINGS CONSIDER	RED
ERTIFIC	\cap	WAS PERFO	DRMED				IN CERTIFYING	CAUSES OF DEATH?	
0	21 A. ACCIDENT WAS L	INDERLYING [21B, PL/	CE OF INJURY (e.g.	in or obout 21 C. W	HERE DID	(If in Boltin	nore City, give exoct loco	tion)
	OR CONTRIBUTING CO		home, i	orm, foctory, street,	office bldg., INJUR	Y OCCUR?			
U				III DV OCCUPATE	03.5.11	OW DID 11	Inv occiles		
NE C	OF INJURY	(Doy) (Yeor)		JURY OCCURRED		OM DID INT	JKT OCCUR!		
<	(APPROX.)		While	Not Wi					
-	22. I certify that (1) (this beental)	attended the	leceased from	12/31	1	969 to)	117	1920
				1/7	10 7		/	winter days!	
	that (۱) (هيد) lost sow				19		ir in (my) (our) c	pinlan death accurre	d on the da
-	and hour and from the	e causes state	ed obave. (1) (¥	(did not)	view the body o	ofter death.			
2	3A. SIGNATURE	. 0 -	011					23B, DATE SIGNED	
1	Lorenti	18 1	Culo	21169			Staff Phys.	1/10/-	20
12	23 C. PHYSICIAN'S	100	1	DEGREE	23D. ADDRESS			1/10/	
	NAME (Type)	h n rib	mto M D			Freder	ick Rd Rel	timore, Mary	land
24A.	BURIAL CREMATION,		erto M.D.	DEGREE	4			(City, town, or county)	(Stote)
	REMOVAL (Specify)								
25.4	Burial	1/20/70		y Trinity	200 5112150		ticoke Per		
23A.	DATE REC'D BY HEAL	1000	258. NAME OF	ACD.	Tenner	al director	k Inc. Ba	ltimore, Nar	yland
	JAN AU 13/0	7540		0,00	0 7000	7			
/C 1	SO-REV. 1/1/68								



=-614	70 111530 BALTIMORE CIT
	MEDICAL EXAMINER

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 70 00630
BIRTH NO.	LEKTIFICATE OF DEATH REG. NO. 70 0000
I. NAME OF DECEASED H	2. DATE Known X Month Day Year Hour
JOHN ERBLAND	OF DEATH Estimated January 17, 1970 10:00 A _M
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manih Doy Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	January 17, 1970 10:00 A _{M.} 5. USUAL RESIDENCE (Where deceased lived. If institution; residence belare admission)
Reltimore City Hespital	A. STATE B. COUNTY
Baltimore City Hospital	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
MAKKIED W NEVER MAKKIED	
Male White WIDOWED DIVORCED DI	Cockeysville YES NO E
last birthdoy) Months ; Days ; Hours ; Min.	
Dec 5. 1928 41 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	10106 Charington Road
_WHAT COUNTRY?	
New York 4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Henry O Erbland
one during mastot working life, even it retired)	
Salesman	Lucille M Erbland
6. WAS DECEASED EVER IN U.S. ARMED FORCES? (17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
Yes W 11 115-20-1867	Mrs Barbara M Erbland Same
19. CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	AUSE Conflagration
(This does not mean the made of dying, e.g., heart failure, osthenia, etc. it means the disease, injury or camplication which coused deoth.)	S A CONSEQUENCE OF:
injury or camplication which coused deoth.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes ar Na)
	No
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g.,	
UNDERLYING OR CONTRIB. hame, form, foctory, street, office Motel	In ar obout 22C. WHERE DID (If in Boltimare City, give exact location) bldg., etc.) NJURY OCCUR? Gaslight Motor Lodge 1034 York Rd. #49
22D. TIME (Month) (Day) (Year) (Hour) 127E INITIBY OCCURRED	22E HOWDID INTURY OCCUPA
OF INJURY (APPROX.) 1-4-70 3:45 A. MHILE AT NOT AT W.	while X Explosion in room threw subject out
23.	window, 2nd fir. to pavement.
I certify that I held on Inquiry I Inspection X Aut	opsy and that on this basis, death in my opinion
	e Homicide Undetermined monner
1 1 1 6	CHIEF MEDICAL EXAMINER
ACTUAL PUBLISHED A	ASSISTANT MEDICAL EVANINED V
SIGNATURE M.D. M.D.	
NAME (Type) Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER January 18, 1970
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 1/21/70 Holy Sepulchr	Rochester New York
SA. DATE REC'D BY HEALTH DERT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 20 79/0 Vaber E. Jaiser, M. D.	Leonard J Ruck Inc. Baltimore, Maryland
S (51-REV. 1/1/68	
N/ 9219 D	V

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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

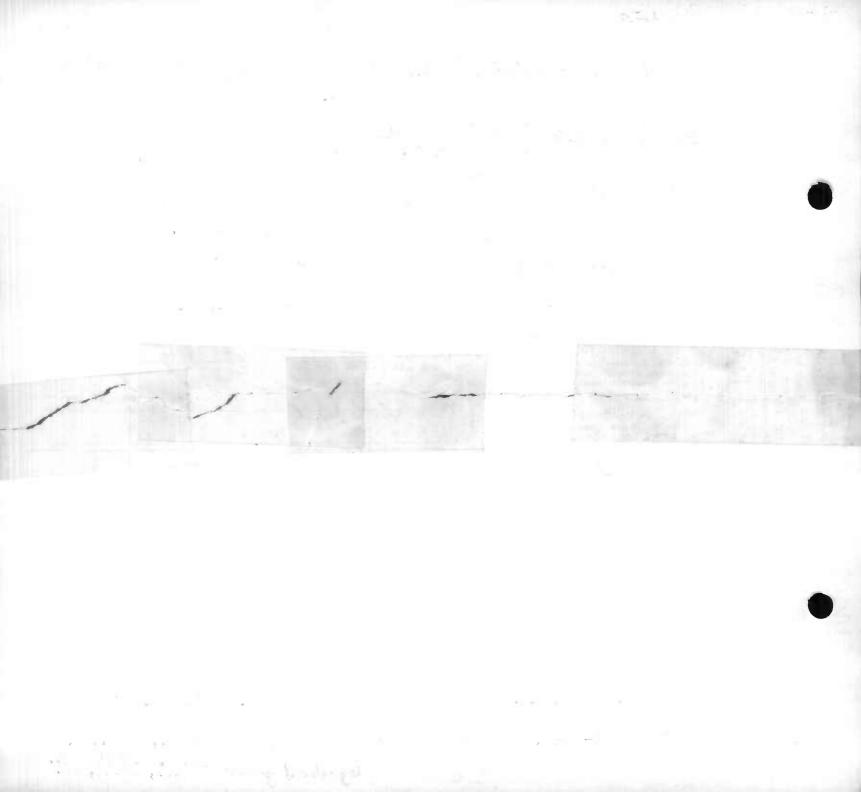
KICK HEMORIAL SHERENES X TTE 1 PO 17974 THER PRINCHAY CO. 11 X STIMU JUHH C4-14-67 62 NEW MAMPSHIRE BEAN! LEON RICHARDSON MICHTENT LEARN 7825 とかだる ひかったとかり

D. MIKEL

IMPORTANT

FUNERAL DIRECTOR:

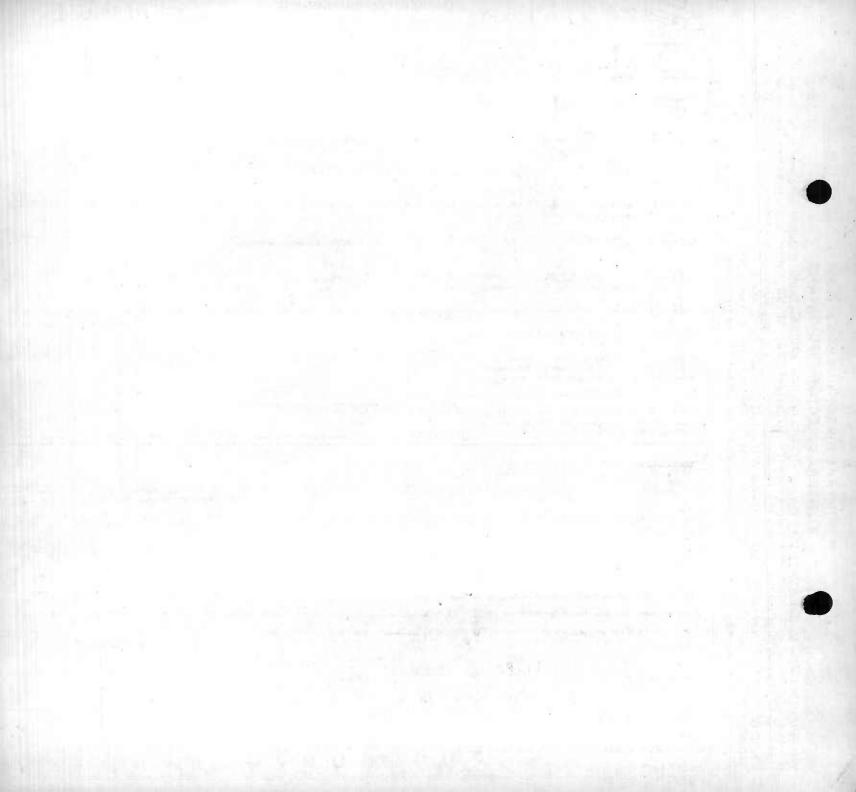
-22	B - 352 TO DOC22 CENTIFICATE OF DEATH
7007	70 00632 CERTIFICATE OF DEATH REG. NO. 70 00052
of death Of death Deceased e on the	1. NAME OF DECEASED (Typo of Print) BERNADINE T. BITTINGS 11670 14:35 A.M.
5 0 0	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY Md.
l in a hos ng couse cause; (5) offendan	HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN BALTIMORE CITY HOSPITAL Baltimore YES NO
D	4940 Eastern Avenue - Baltimore, Md. 21224 TREET AND NUMBER # 21224.
rith min got sed	Female S. SEX S. RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH
deterring re-	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) done during most of working lite, even if retired) House Works
deal Und Vas in	House Work At Home Maryland, Baltimore. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
direct or of the direct or of the direct or of the direct on the decoration in the d	Walter Cuzinski Anna Novbaski
star ind leat	15. Was Deceased Ever in U. 5. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) NO NOME 16. SOCIAL SECURITY NO. BCH Records— Balto, Md. 21224
or ded P	18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY
Also, re of a nounc atten	LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
finer. factur. gular mbal	heoil loiluie, asthenio, etc. Il means the disease, injury or complication which coused deoth.)
A A P P	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
cal excal excellent	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
945 F 5 3 E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (AL.)
a ody ody he the	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
+	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
atur atur (6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While AI Not Work 1 Work 1 Work 1 Work 1 Work 2 Not Work 1 Wor
any any (exc ; an	22. I certify that (1) (this hospital) attended the deceased from 1970 to 1970 that (1) (we) lost saw the deceased alive on 11/0 1970 and that in (my) (aur) opinion death occurred on the date
007-	and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death.
30.00	23A. SIGNATURE Lale P. Henkon, M. DEGREE Attending Med. Director Phys. 1/6/70
y was related was related. A at a left prior to approval	23C. PHYSICIAN'S NAME (Type) Dale P. Henken, M.D. 23D. ADDRESS Baltimore City Hospital 4940 Eastern Ave. Balto., Md. 21224
certificat sody was /s: (1) An D.O.A. al ased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
This certithe body shows: (1) was D.O. deceased written a	Burial 1-19-70. Holy Redeemer Cemetery 4430 Belair Rd., Balto., Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 901 S. Conk 199655 St.
-+ w > 0 >	JAN 20 1970 Pase Sales St. Janes St. Janes Balto., 21224, Md.



L-00 BIRTH NO.	70 0	0633		HEALTH DEPARTMENT	REG. NO	70 00633
1. NAME OF D		DEDM II C			AND HOUR OF DEATH	
3. PLACE IN B	RTIFICA	BERT H. S.	FNDFI	Jan 4. USUAL RESIDENCE (W A. STATE 8. CO Maryland	UNII	institution: residence below admission
HOSPITAL OR	ADDRESS OR LOC	(AOITA)	1=20=70	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
1/ 0	Saint Agnes			Baltimore		YES NO
40	Caton & Wilk	ens Aves.	21229	2619 Liter C		
S. SEX	6. RACE CAU	WIDOWED	NEVER MARRIED DIVORCED	5/15/09	9. AGE (In years lost birthdoy)	II Under 1 Yr. II Under 24 Hrs Months Days Hours Min,
Teach	ol working lile, even if retired) 102	1	ty Schools	West Virgini		12. CITIZEN OF WHAT COUNTR
3. FATHER'S N	AME			14. MOTHER'S MAIDEN N		
	ert R. Lee			Anna Horchle	r	
Yes, no or unknow	wn) (Il yes, give wor or do	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
18 /)	4 0	2	15-01-5986 CAUSE OF DEATH	Mrs. Herbert	Lee Sr. 2	2619 Liter Court
OTHER SIGN	ANTECEDENT CAUSE: OR CONDITIONS, if the abave cause (A) and CONDITION (ast.) II IIIIII CONDITIONS CONDITIONS CONDITIONS CONDITION (A) CONDITION (B) CONDITION (B) PAIR (B) CONDITION (B) CONDI	any, giving stating the INTRIBUTING HE TERMINAL	(B) DUE TO, OR AS	a consequence of:	o July	in month
19A. DATE C	OF OPERATION 198 CON WAS PER	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes ar	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING [BUTING CAUSE OF ly medical examiner)	21 B, PLA home, 1 etc.)	CE OF INJURY (e.g., in orm, foctory, street, off	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(II In Baltimo	re City, give exact lacotion)
21D. TIME OF INJURY (APPROX)	(Monthl (Doy) (Year)	(Hour) 21 E. IN. While A Work	Not While	21F. HOW DID IN	JURY OCCUR?) =
22. I certif that (I) (we	y that (1) (this hospita e) last saw the decease) attended the d	leceased from	19and	19.53 to	Inion death occurred an the date
23A, SIGNU 23A, SIGNU 23C, PHYSICI NAME	LANS W.Z	My.)	Atter Phys.	ew the body after death		23B, DATE SIGNED
4A. BURIAL CR REMOVAL	(Specily) 248. DATE	Herbert L 24C.NAME 76	app Md DEGREE of CEMETERY OF CREI	/.	RASPICIE /C LOCATION (C 14-709 N	ity, town, or county) (Slole) NOLIE ST
JAN 26	19/10 Dert. & E	258 NAME OF	ENSTRAR O	25C. FUNERAL DIRECTO	ENDER H	OME LOHONOS
150-REV. 1/1	/68					200

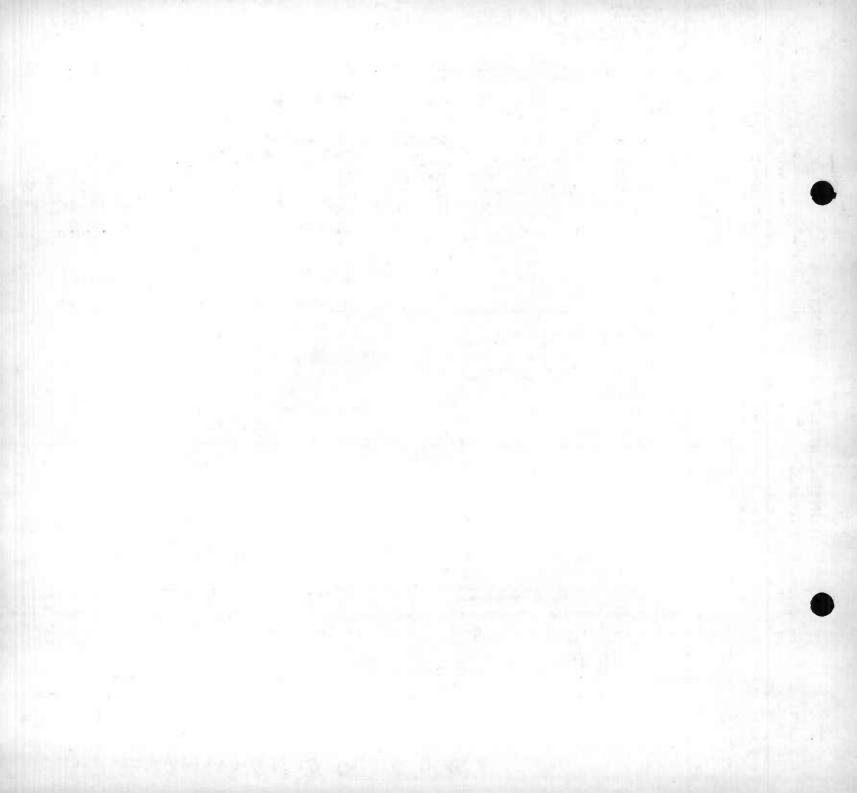
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directly (4) (4) on th	disp
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approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the h; and (6) No physician was in regular attendance on the	o De
er or ture rono	E DO
amine imine A frac ho p	e e H
alex (3) / an w	ns ar
nedica edica burns hysici n was	emai
hief r a m sody l he pl	the
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ody w (I) A Sed p	dp u
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the	written approval must be obtained betore the remains are embalmed or tinal disposition is made.

BIRTH NO	1/0/1 (1)					
BIRTH NO	000	10634	CERTIFICA	TE OF DEATH	REG. NO	10 20004
NAME (OF DECEASED				NO HOUR OF DEATH	3.4
Type or P		Bue	ecker	Jan	12,19	70 10 30
3. PLACE	IN BALTIMORE, MARYLAND, W	HERE PRONOUN	NCED DEAD	4. USUAL RESIDENCE (Who	ore deceased lived. If i	nstitution: residence before admission
FULL NAM	ME OF (IF NOT IN HOSPIT OR ADDRESS OR LOCA	AL OR INSTITUT	TION, GIVE STREET	Mol.		1538
INSTITUTION	ENESAW NURSI		UF	C. CITY OR TOWN	m.	SIDE CITY LIMITS?
KE	NESA,W MULTIST	116 1101	1 6	E. STREET AND NUMBER		YES NO NO
9	b	HITE		1 0 1 . 1 10	LYN A	VE.
S. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
F		WIDOWED	DIVORCED	no sed	90	30,5
	L OCCUPATION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTR
one during	most of working life, even if retired)			. 0		
3. FATHE	R'S NAME			14. MOTHER'S MAIDEN NA	ME	
				h	ENTER IT	
- 111	Wink			June -		
	oceased Ever in U.S. Armed For inknown) (If yes, give wor or dote		SECURITY NO.	17. INFORMANT		ADDRESS
				KENESAW.	N.H	
1B. ,	12191		CAUSE OF DEAT	Н	4	APPROXIMATE INTERVAL
-	DISEASE OR CONDITION DI	RECTLY	C0001	2 - 2 /0	Note a so	BETWEEN ONSET AND DEAT
200	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE NEW JAMES	Ti rage	1 hour
	daes not mean the made at			A CONSEQUENCE OF:		
	loilure, asthenio, etc. II means ar camplication which coused					
	ANTECEDENT CAUCE					
	ANTECEDENT CAUSES					
DISEA	ANTECEDENT CAUSES		(B)	A CONSEQUENCE OF:		
rise	ASES OR CONDITIONS, il	any, giving	(B)	A CONSEQUENCE OF:	***************************************	***************************************
rise	ASES OR CONDITIONS, il	any, giving	(B)	A CONSEQUENCE OF:		
rise	ASES OR CONDITIONS, il	any, giving		A CONSEQUENCE OF:		
NO OTHER	ASES OR CONDITIONS, iI Io the above couse (A) ERLYING CONDITION last. II SIGNIFICANT CONDITIONS CO	any, giving sloting the		A CONSEQUENCE OF:		
NO OTHER TO THE DISEA	ASES OR CONDITIONS, illo the above couse (A) ERLYING CONDITION last. ILLO CONDITION SERVICE CONDITIONS CORE DEATH BUT NOT RELATED TO THE SE OR CONDITION GIVEN IN PAR	any, giving stolling the ONTRIBUTING THE TERMINAL RT I (A).	(c)			
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FUNERAL DIRECTOR: IMPORTANT

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0-2000000000000000000000000000000000000	CERTIFICA	TE OF DEATH	KEG. 140	70 00635
NAME OF DECEASED	The 15 De rect 1	2. DATE AN	D HOUR OF DEATH	
Type or Print BAby Girl B	outler for	anda I.	10.70	1 11.5
B. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (When	re deceased lived. If in	stitution: residence before odr
		Maryland B. COUN	11	907
FULL NAME OF (IF NOT IN HOSPITAL OR III ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	In INSI	IDE CITY LIMITS?
NSTITUTION		I - 11.		YES NO
Baltinore City Wase	1 - Al = 21224	E. STREET AND NUMBER	46	110
4940 Eastern Avenue Balt		2642 Aisquit	th Street	21218
	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under
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*		Maryland		U.S.A.
FATHER'S NAME	. 1	14. MOTHER'S MAIDEN NAM	ME	
Richard Spe	1 Man	Depora	b But	llor
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	40 Eastern A	ADDRESS
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18.	CAUSE OF DEAT		remore, nar	APPROXIMATE INT
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VS 150-REV, 1/1/68



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1-26	0	MED	ICAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG NO	70	111637
BIRTH NO.								NEO, ITO.		
1. NAME OF D	ECEASED				2. DATE OF	Known X	Month	Day	Yeor	Hour
		MICHA			DEATH	Estimoted	Janua	ary 17, 1		м.
				ONOUNCED DEAD	3. DATE	INCED DEAD	Month	Doy	Yeor	Hour
FULL NAME OF	(IF NO	T IN HOSPITA	L OR INSTI ION)	TUTION, GIVE STREET	PRONOU	INCED DEAD	Janua	ary 17, 1	970	12:30 P _{M.}
OR INSTITUTION						SIDENCE (Where	deceased liv		residence b	efore odmission)
RI SANCE	Luthera	in Hosp	ital	(DOA)	A. STATE	Maryland		B. COUNTY	15	06
6. SEX	7. RACE		8. MARRI	ED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	LIMITS?	
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9. DATE OF BI		10. AGE (In		If Under 1 Yr. If Under 24 Hrs.	11	ND NUMBER		1 153	اخا	NO L
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(Yes, no or unknow	VN)(If yes, give v	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFORM	IANT D	1	ADI	DRESS	
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Injury or	omplication whi	ch coused deo	th.)							
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ACTU.		Hart.	lat	aller.	ASSIS	TANT MEDICAL E				DATE SIGNED
SIGN	/ //	miner	70077	M.C).					
	(Type)	sidore	Miha	lakis, M.D.	ASSO	CIATE MEDICAL E	XAMINER	□ Janua	ry 18	, 1970
24A. BURIAL CI	EMATION, 2	48. DATE		24C. NAME of CEMETERY	or CREMATO	RY 24D. 1	LOCATION	(City, town,	or county)	(Stote)
REMOVAL (Sp	ecify)	1	-/-	Bal 4 41+	THA.		-	1	1	(2-1-
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Address is 2703 Presbury St. Jeliphone directory.

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		10 00638 CERTIFICATE OF DEATH REG NO 70 00638
1	7007	BARTH NO. 70 00638 CERTIFICATE OF DEATH REG. NO. 70 00638
2/80	and ase th th	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
2005	- 5 6 6	GEORGE BUCHANAN
2 3	± 00 0 ±	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission as STATE B. COUNTY
2	6 1 5 e	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND
E 190	da co	HOSPITAL OR ADDRESS OR LOCATION) [INSTITUTION D. INSIDE CITY LIMITS?
2 -	T T T T	THE JOHNS HOPKINS HOSPITAL BALTIMORE YES NO
45		BALTIMORE, MD 21205
Z	d a d	915 E. CHASE STREET
	ed in it	MARKIED NEVER MARKIED NOT THE NOTICE OF THE
	occur ontrik ermin regul sased is ma	MALE NEGRO WIDOWED DIVORCED 05-07-04 65
		10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during goal of working life, even if retired!
	2 2 2 2 2	Lettred Laborer . S.C.
· N	ct de ct de was	13. FATHER'S NAME
Z F	irect (4) (4) W	SAM LETTIE Brown
KAN IN	stant ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces? (Yes,na ar unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.
HALA	kir kir de de	250-20-7019 Land Sant 8-27 (Most Chart
10	if if if if if ed dar	18. CAUSE OF DEATH
PZ	f a b	DISTRICT OR CONDITIONS THE PROPERTY OF THE PRO
£Q'≥	Als e o nou att	LEADING TO DEATH (A) IMMEDIATE CAUSE (ESP. APREST
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<	>======	Work At Work
	prov the I my n exce and obta	22. I certify that (1) (this hospital) attended the deceased fram
	of o	that (1) (we) last saw the deceased alive on 1/10/70 19 and that In (my) (our) opinion death accurred on the da
	t be a sed to ent of spital eath)	and hour and from the causes stated abave. (1) (We) (did nat) view the bady after death.
	dent o ospita death must b	23A SIGNATURE 23R DATE SIGNED
	ar to h	Tichcerol Demunger W Attending Med. Director Shaff Phys. Phys.
	0 - 11 >	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	We Are	KICHARD BENSINGER MIDEGREE TOTENS HOPKINS HOSPITAL
	TASO BE	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
		Taurel Jan 170 milliburn Com, Westport md.
	This ce the bo shows: was D. deceas	25A. DATE REC'D SP MEALTH DEPT. / 25B. NAME OF REGISTEAR 2SC. FUNERAL DIRECTOR ADDRESS
	₹₩\$₩\$	JAN 20 1970 Robert E. Jabo MO. O O O BULLON Eleckon 1129 M. Canter St.
		V\$ 150-REV. 1/1/68



R-152 70 006).4	TE OF DEATH REG. NO	0 00639
BIRTH NO. 1. NAME OF DECEASED (Typo or Print) HENRY RO	BINSON	2 DATE AND HOUR OF DEATH	. E'da 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE		4. USUAL RESIDENCE IWhere deceased lived. Il instituti	ion: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	LARY LAND D. INSIDE C	. 807
CHOISCH HOME	dux	E. STREET AND NUMBER	NO
	SPITAL	1624 E. FEDER	AL ST.
M N WIDO		12/25/04 lost birthdoyl 5 Mo	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country) 12.	CITIZEN OF WHAT COUNTRY
Oil Burner Operation 13. FATHER'S NAME	the master.	VIRGIDIA	1 4.8. C
Jim Roben	Lan	14. MOTHER'S MAIDEN NAME	wa
15. Was Doceased Ever in U. S. Armed Forces? (Yas, no or unknown) (II yes, give wor or dates of serv	16. SOCIAL SECURITY NO. 2202-8591	17. INFORMANT COCCIONAN (infe)	ADDRESS E.
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DEATH (notify medical examiner) 21D.TIME (Manth) (Dayl (Year) (Hour) (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive		19 70 and that in (mg) (aux) apinion	19.70
and haur and fram the causes stated above			death occurred on the dote
23ASIGNATURE		ading Med. Staff	DATE SIGNED
PACLANDO A. MEN	. d. M ASODE	3D. ADDRESS 100 N. BROADWAY	57.
24A. BURIAL CREMATION, 24R. DATE 24	C.NAME OF CEMETERY OF CRE	P. 1 5. 1 5.	vn, or county) (Stote)
JAN 20 1970 Col E. Jan	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS 129 N. Caroline D
/S 150-REV. 1/1/68	7 ASS. 100 PM	10 0,000	. of washing ON



C 131 - 20 000	BALTIMORE CITY	HEALTH DEPARTMENT							
C-636 70 0064	CERTIFICA	TE OF DEATH	REG. NO.	70 00640					
I. NAME OF DECEASED			ND HOUR OF DEATH						
LOUISE P	RSON CAR	TER JAI	U 19, 1970	1 16:30 AM N					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceesed lived. If institu	ution: residence befere edmission)					
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLA	ND	1901					
иоптитиги	ALCOHOL VI	C.CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE E. STREET AND NUMBER							
JOHNS HOPKINS HO	SPITAL								
33 601 N. BROADWAY		237 N. GILMORE STREET 8. DATE OF BIRTH 9. AGE (In yeers II Under 1 Y6. II Under 24 Hrs							
SEX EMALE ALEGO	RIED NEVER MARRIED								
NEGRO NEGRO WIDON	WED DIVORCED	10/24/02	67	Aonihs Days Hours Min.					
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3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME						
HENRY MC NEIL		KENA							
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heart failure, asthenia, etc. It means the dise injury or complication which caused deoth.)	dse, DUE TO, OR AS	A CONSEQUENCE OF:							
ANTECEDENT CAUSES	CT 02 /		1111111	21785					
DISEASES OR CONDITIONS, if any, gi	(B) SI KES	A CONSEQUENCE OF:) LIGURI H	X14K 2					
rise to the above cause (A) stoling	The METE	ASTATIC ABDOM	WALL CA. Z	ACTURE ?					
UNDERLYING CONDITION last.	(C)			11-01152					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG A	LIMARY UNCERT							
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL JORI	1204372 DI	2						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1995 CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes er N	1) 208 IF YES, WERE FINE	DINGS CONSIDERED					
21A- ACCIDENT WAS UNDERLYING	010 01 0 00 00 00 00 00 00 00 00 00 00 0	No							
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	ice bidg., INJURY OCCUR?	(If In Beltimere Ci	ly, give exact lecetion)					
OF INJURY APPROX.)	21 & INJURY OCCURRED While At Not While	21F. HOW DID IN	IURY OCCUR?						
	Work LJ At Work								
22. I certify that (1) (this hospital) attended			19/10 to 0	AU 19, 1970					
that (1) (we) lost saw the deceased alive			nat ir(my) (our) opinior	deoth occurred on the dat					
and hour and from the causes stated above	(I) (We) (did) (did not) vi	lew the body after death.							
23AC SIGNATURE	- 11 mD Au	nding Med.		A DATE SIGNED					
23C. PHYSICIAN'S	DEGREE Phys	Director L	Stoff Phys.	Jan 19 197 (
NAME (Typel		3D. ADDRESS		,					
AA BURIAL CREMATION 12/2 2	DEGREE								
AA. BURIAL CREMATION, 248. DATE 240	NAME of CEMETERY OF CRE			own, er county) (Stete)					
15mm 1/24/90	NITANNUR		BEROMD						
SA DATE REC'D BY HEALTH DEPT. 258, NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	211. 1	38 NG, LMBR.					
\$ 150-REV. 1/1/68	162, 0 0 0	AL BAR Jane	1 Andre 6-	0.7					



IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are emhalmed and in the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death IMPORTANT FUNERAL DIRECTOR:

25A. DATE REC'D BY HEALTH DEPT.

258 NAME OF REGISTRAR

Teal

B-453 70 00	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	70 00642
I. NAME OF DECEASED			D HOUR OF DEATH	
JOSA BLANDFORD		LAN	14 1970	8 05 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE	FRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re decéased lived. If ins	titution: residence before admission
FULL NAME OF UF NOT IN HOSPITAL OF	R INSTITUTION, GIVE STREET	MI)		1/01
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INSID	DE CITY LIMITS?
UNIVERSITY HOSPITA	2/	PALTIMORE		YES NO
3	-	E. STREET AND NUMBER		
5. SEX 6. RACE 7			MONT AVE	£
- M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours last birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. K	OWED DIVORCED	NOV 4 1946	0.00	
done during most of working life, even if retired)	THE OF BOSINESS OF INDUSTRE	III. BIKIMPLACE (Stote or lore	gn country)	12. CITIZEN OF WHAT COUNTRY
2 PATHERIC NAME		MD		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	M.E.	
THOMAS BLANDFORD		ISADORA Z	ORSEV	
5. Was Deceased Ever in U. S. Armed Ferces? Yes, no or unknown) (II yos, give wor or dotos of se	orvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
1		Isadora Bla	n 4 4	
18.070 X I	CAUSE OF DEAT	H TSGUWEA DIA	HILOTA	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	1 Alin	il blog wit	_	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying	(A) IMMEDIATE CAL	ISE / Palles	des	(week
heart failure, asthenia, etc. Il means the di	Sense.	A CONSECUENCE OF:		
injury or complication which caused death. ANTECEDENT CAUSES	.)			
	(B)	****************		
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	giving DUE 10, OK AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)	-		
z II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM OF THE T	AINAI			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	120A ALLYONGVA/Var as Na	000 40 400	*********
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	D CONTROL OF EXAMEN	20A. AUTOPSY? (Yos or No.	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. FLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	#1 to Boltimore	City, give exact location)
DEATH (notify medical examined	home, form, foctory, street, of	lice pldg INJURY OCCUR?	į, in seminore	any give exact toconon;
21D. TIME (Month) (Dov) (Year) (House	21& INJURY OCCURRED	21F. HOW DID INJU	184 0 00112	
OF INJURY (APPROX)	While AI Not While		JAY OCCUR?	
	Work L At Work			
22. I certify that (I) (this haspital) otter		/	9 70 to 90	M 16 19 70
that (i) (we) lost sow the deceased allv	41 -	19 70 and the	t in (my) (our) apini	an death occurred an the date
and haur and fram the causes stated abo	ove. (1) (We) (did) (did not) v	lew the body ofter deoth.		
23A. SIGNATURE	2 6			38 DATE SIGNED
Isonald & Pototsk	After Phys	nding Med. Director	Staff Phys.	Jea 16, 1570
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
KONALD S. POTOTSKY	MA) DEGREE	UNIVERSITY 1	Hasp. BACT	0 40 21201
	24C. NAME OF CRE	MATORY 24D. LC	CATION (City,	lown, or county) (Stole)
Burial 7/27/70	Mt. Amburn	D	olto City	

25C. FUNERAL DIRECTOR

ADDRESS

مدمور وال

JAUUU .

VS 150-REV. 1/1/68

A - 3 25 70 00844 MEDICAL EXAMINER'S CERTIFICATE

11.1	1.6	110	Æ	1
70	34	16	12	9.

BI	RTH NO.		MEL	ICAL	EX	AMINER'S	CERTII	-ICA	ATE	OF	DEAT	H REG. NO	10	1/1	Otto	R		
1. NAME OF DECEASED						2. DATE		Known [)	Month	Doy	Year	Hour					
(Type or Print) HARRY A. ADDISON						OF DEATH		Estimated										
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE				Month	Doy	Yeor	Hour		м.			
HC	LL NAME OF SPITAL INSTITUTION	(IF NO	OT IN HOSPITA	AL OR INST	IOITUTIO	N, GIVE STREET			CED DEA		1	18	70	4	P.	м.		
E	00 51	7 Wyet	th St.				A. STATE	L KESIL	Md.	Where	decessed liv	ed. If institution B. COUNTY	on: residence b	efore of	(mission)			
6.	SEX	7. RACE	WY -	B. MARRI	ED 🔣	NEVER MARRIED	C. CITY	OR TO				D. INSIDE C	ITY LIMITS?	11	and the same of th	-		
M	la1e	Neg	gro	WIDOW		DIVORCED		Ba1	to.				res 🖾 🛚 r					
	DATE OF BIRTH	Н	lost birthdo	years	If Unde	or I Yr. If Under 24 Hrs	. E. STREE			ER		'	13 6-1	40 L	-			
	9-15-06		6		MOHIIIS	Doys Hours Min		7 Wv	eth :	St.								
11.	BIRTHPLACE (S	_	gn country)			IZEN OF	517 Wyeth St.											
	Maryla				1	IAT COUNTRY?		John Addison										
14A	USUAL OCCUI	PATION (Gi	ve kind of wark	148. KIND	OF BU	SINESS OR INDUST	TY 15. MOT	HER'S	MAIDEN	NAM	E					_		
	Labore	r	, , , , , , , , , , , , , , , , , , , ,				Ge	org	eian	na								
16. (Ye	WAS DECEASE	ED EVER IN	U.S. ARMED	FORCES	3 1	7. SOCIAL SECURITY NO.	IB. INFO	RMAN	IT			A	DDRESS					
,,,	1p	(it yes, give	wor or doles	or service)		SECURIT NO.	Chr	tot	ine	Add	ienn	517	Wyeth	9+				
	19.	CAUSE OF DEATH									OLI	APP	ROXIMAT	EINTERVA				
	DISEASE	DISEASE OR CONDITION DIRECTLY Hypertensive & Arteriosclerotic Cardiovascular Disease												T AND DE	ATH			
		1EADING TO DEATH																
	(This does not mean the mode of dying, e.g., heart follure, osthenia, eic., it means the disease,																	
	injury or com	plication whi	ich coused dea	ih.)									175					
	AN	TECEDENT	CAUSES			ALK.							50					
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO, OR AS A CONSEQUENCE OF:																	
	UNDERLYING CONDITION LAST.																	
ó	(C)																	
:AT	OTHER SIGNI	FICANT CO	II NDITIONS CO	NTRIBUTI	NG								1477		97			
F	DISEASE OR	TH BUT NO CONDITION	RELATED TO	THE TERMI	NAL													
CERTIFICATION	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA							AS PERFORMED 21.							AUTOPSY? (Yes or No)			
	0														no			
EDICAL	22A. EXTERNAL CAUSE WAS 228.PLACE OF INJURY (e.g., II							22C. 1	WHERE D	DID (ii	in Baltimare	City, give ex	oct location)	10		_		
ă		228. PLACE OF INJURY (e.g., In or about 22C. WHERE DID (il in Baltimare City, give e home, form, foctory, street, office bldg., etc.) INJURY OCCUR? JTING CAUSE OF DEATH.																
Σ	22D. TIME (/	TIME (Month) (Day) (Year) (Hour) 122E-INJURY OCCURRED 122E HOWDID INJURY OCCURR									R?							
OF INJURY (APPROX.) m. WORK AT WORK																		
E	23.				11. 1101	AI V	VORK							_		_		
	1 certi	fy that I h	eld an Ir	quiry [] _1	nspection 🔀 Au	tapsy 🗌	aı	nd that d	an thi	s basis, e	death in my	apinion					
	resulte	resulted from: Natural causes K Accident Suicide Homicide Undetermined manner																
	//////								HIEF MEDICAL EXAMINER 🗵									
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER EXAMINER ASSOCIATE MEDICAL EXAMINER									DATE SIGNED							
										7								
	NAME (Ty		Russell	S. F		er, M.D.			E MEDIC	AL EX	AMMINEK (1	L-19	-70			
24/ RE/	AOVAL (Specify	ATION, 2	48. DATE		24C.1	NAME of CEMETERY	ar CREMAT	ORY			CATION		, or county)	(5	itole)	-		
	Buraa	1	1-23	-70		Mt.Aubur	n			Bal	Ltimo	re, Ma	ryland	1				
25/	DATE REC'D		DEPI.	258. NA	MEOF	PEGISTRAR	25C.	FUNE	RAL DIR	ECTOR		A	DDRESS					
	JAN	12073	1/0 1/6	Jes E	, Va	bey K.D.												
VS	51.DEV 1/2/40			1, 0	7	7	C)	nar	les	A.	Rice	661	w. Bar	re	St.			

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE O	DEATH REG. NO.
--------------------	---------------	----------------

SKIII IVO.	
NAME OF DECEASED Type or Print)	2. DATE Known Month Doy Year Hour
CHRKLESA PARKER	OF DEATH Estimoted . M.
. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD January 16, 1970 9:06 A _{M.}
00 928 Peach Street	5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY 230/
SEX 7. RACE 8. MARRIED NEVER MARRIED	
Male Negro WIDOWED □ DIVORCED □	
DATE OF BIRTH 10.AGE (In years If Under 1 Yr. II Under 24 Hrs lost birthdoy) Months Doys Hours Min	. IE. STREET AND NUMBER
1-18-20 50	928 Peach St.
1. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	Tal. D. 1
IA. USUAL OCCUPATION (Give kind of work) #48. KIND OF BUSINESS OR INDUST	John Parker
one during most of working life, even liretired)	TO THE HOUSE OF THE STATE OF TH
/ Was pro-acro sven by the and says and says are the says and says are the says are	Georgeia
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	IB. INFORMANT ADDRESS
	Frances White Severna Pk., Md.
19. CAUSE OF DE	ATH APPROXIMATE INTERVAL
DISTAGE OF CONDITION DISTAGE	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cimphesia of the 1t
(A)IMMEDIATE	
heart lailure, osthenio, etc. it means the disease.	AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
2	Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	, in or about 22C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB- home, form, lactory, street, office UTING CAUSE OF DEATH.	ce bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	T WHILE
23.	WORK L.J
	stopsy and that an this basis, death in my opinion
resulted from: Matural eauses X Accident Suici	de Homicide Undetermined manner
ACTUAL A The Traletonic	CHIEF MEDICAL EXAMINER
SIGNATURE / //// MICLENT NO M.	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S O Isidore Mihalakis, M.D.	
NAME (Type)	
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY EMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 1-23-70 Baltimore	National Baltimore, Paryland
54. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	
20 1	Charles A. Rice 661 W. Barre St.
JAN 20 1970 Robert & Jarben M.D.	4 62
151-REV, 1/1/68	10000

: BOARD OF CORRESPONDED

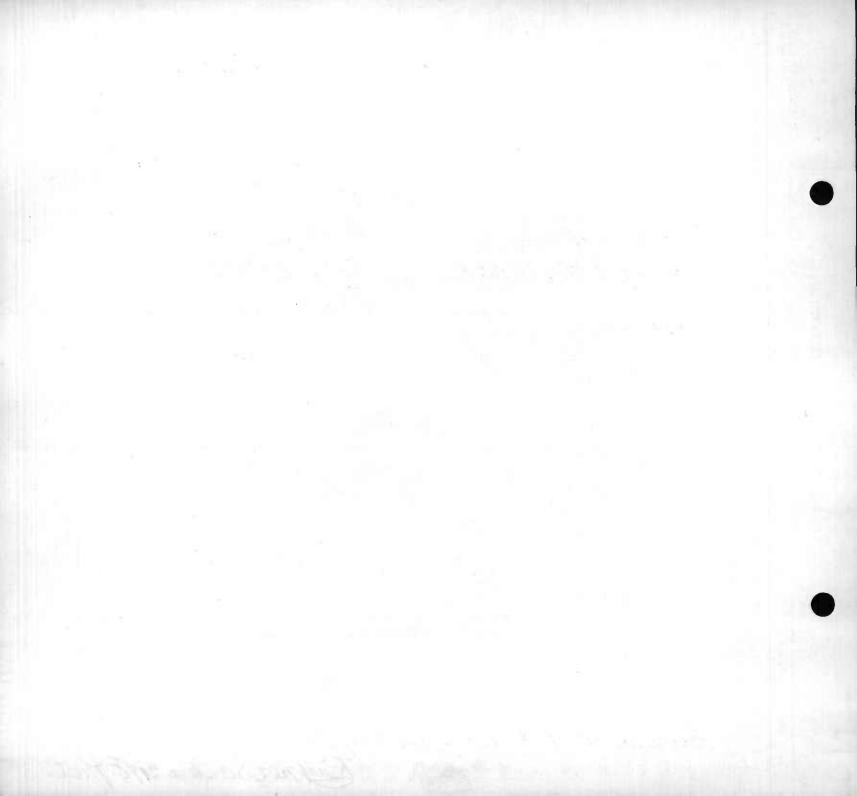
		10. 10.11. 0 01.11.11.11.11.11.11				
EDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH REG. NO.	70	00646

BIRTH NC.	REG. NO.
I. NAME OF DECEASED	2. DATE, Known Month Doy Year Hnur
(Type or Print) WILLIAM E. COLEMAN	OF DEATH Estimoted January 14, 1970 5:18 P M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	January 14, 1970 5:18 P. M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
Provident Hospital	A. STATE Maryland B. COUNTY /402
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (In years # Under 1 Yr. If Under 24 Hrs.	Baltimore YES NO
last birthday) Manths, Days, Haurs, Min.	E. SIKEET AND NOMBEK
1 May 1890 79	520 Mc Mechen
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY	13. FATHER'S NAME
Alexandria, Va. WHAT SOUNTRY?	Unknown
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR' dane during most of working life, even (frettred)	Y 15. MOTHER'S MAIDEN NAME
Retired None	Julia
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS
(Yes, na ar unknown) (II yes, give war or dates al service) SECURITY NO.	10 7 1 CT PS -2.7.07 1
19. CAUSE OF DEA	THE MASICIAL OCEMAN - 5-20 M MILE INTERVAL
4-1-1	BETWEEN ONSET AND DEATH
	clerotic cardiovascular disease
LEADING TO DEATH	CAUSE
l mean tought, asilienta, etc. Il means me disease,	AS A CONSEQUENCE OF:
Injury or camplication which coused death.)	
ANTECEDENT CAUSES (8)	
	AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST.	
(c)	
C)	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No.)
	No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY(e.g., home, form, foctory, street, office	in or obaut 22C. WHERE DID (II in Boltimore City, give exact locotion) to bidg., etc.) iNJURY OCCUR?
UTING CAUSE OF DEATH.	e blog., etc., http://occom/
2 22D. TIME (Month) (Day) (Year) (Hour) 22E INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT	WHILE
23.	VORK U
I certify that I held an Inquiry Inspection X Au	topsy and that on this basis, death in my apinion
resulted from: Natural causes Accident Suicid	
ACTUAL ()	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MAD MID	ASSISTANT MEDICAL EXAMINED IX I
EXAMINER'S Charges S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER January 15, 1970
NAME (Type)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or caunty) (State)
KEMO VAL (Specify)	
REMOVAL (Specify) BUDGA 19-1AN 1970 BATTIMA	OPE WAT! BHITIMARE MIN
Burial 19 JAN 1970 BALTIMO 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	DRE NAT'L BALTIMORE MIN
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ORE NAT'L BALTIMORE MICH
Burial 19 JAN 1970 BALTIMO	ORE NAT'L BALTIMORE MICH

AYE

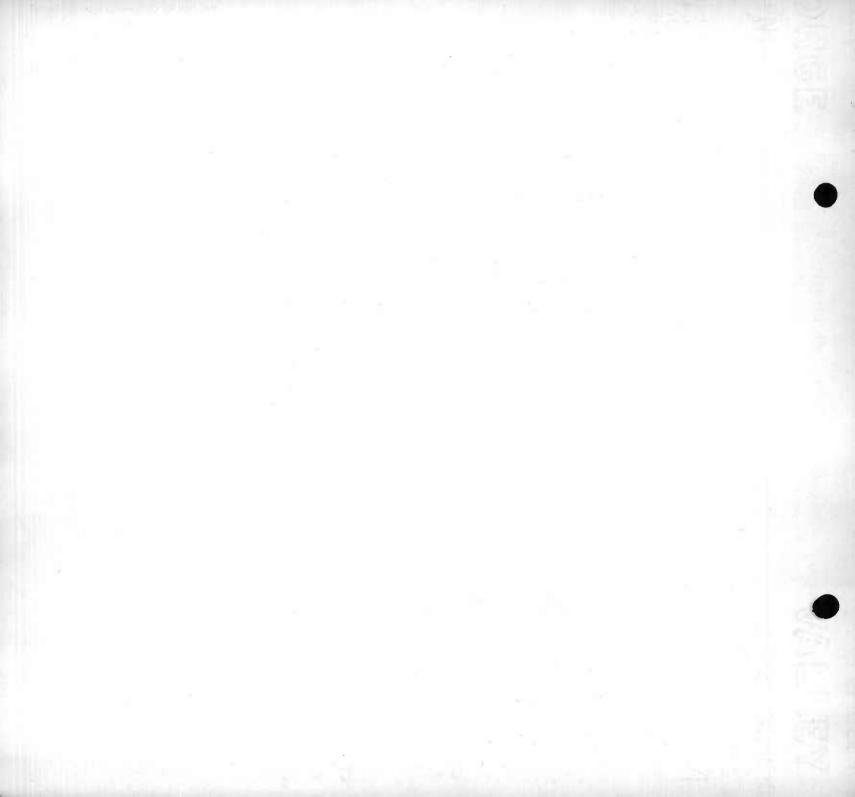
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			HEALTH DEPARTMENT		70 111)647
	70 00647	CERTIFICAT	TE OF DEATH	REG. NO.	70 .70
	TH NO. AME OF DECEASED		2. DATE A	ND HOUR OF DEATH	> 2
(Typ	e or Print) ADALENE SA,	Dens		/15/70) 143 DM.
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Who		stitution: residence before of mission)
FII	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION		Md		909
HO	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	DE CITY LIMITS?
		mu anx		one	YES NO
	university OR MA	9-	E. STREET AND NUMBER	Prest	24157
5. \$	W.		. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	F W C WIDOWED	DIVORCED	8-6-1905	lost birthdoy)	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	SINESS OR INDUSTRY	1. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	House alelle		Weltime	ne	
13.	FATHER'S NAME	1	4. MOTHER'S MAIDEN NA	ME	
1	Luxun Italilors	1	Duniek	allora	421.
15.	Was Deceosed Ever in U. S. Armed Forces? 16.		7. INFORMANT	un n	ADDRESS
Yes	s, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	5/100	1 10	11 F Drate
	110 4 4 4 3	CAUSE OF DEATH	sagar ar	iders. 12	APPROXIMATE INTERVAL
	18. 4/2, 21	CAUSE OF DEATH			BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Turanous	man He	morphage
	(This does not mean the mode of dying, e.g.,	DUE TO, OR AS A	EDWINA CENTS CONSEQUENCE OF:	10/14 Ca. 1.16	Mary Hy C
	heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)				
	ANTECEDENT CAUSES	41	XX (0.11)		-
	DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	CONSEQUENCE OF:		
	rise to the obove couse (A) stating the	(-)			
	UNDERLYING CONDITION last.	(C)			
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
IC.	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	FINDINGS CONSIDERED
RTIFIC	WAS PERFORMED		NO	IN CERIIFTING CA	USES OF DEATH:
Ü	21 A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF home, for	CE OF INJURY (e.g., in	or about 21C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimo	e City, give exoct location)
CAL	DEATH (notily medical exominer) etc.)	,			
5		URY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
ME	OF INJURY (APPROX.) While A	Not While			,
	22. I certify that (1) (this hospital) attended the d		1/14	10 70 40	1920
		rom	1 + 5		/
	that (I) (we) lost sow the deceased alive on				nion deoth occurred on the dote
			and the beatter after death		
	and haur ond from the couses stated above. (1) (W	(e) (did) (did not) vi	ew the body offer deoff.		
	and haur and from the couses stated above. (1) (W				23B. DATE SIGNED
		Atten	ding Med.	Staff Phys.	23B, DATE SIGNED
	23A. SIGNATURE	DEGREE Phys.	ding Med.	Staff 🔽	23B, DATE SIGNED
		DEGREE Phys.	ding Med.	Staff 🔽	23B. DATE SIGNED 1/15/20 1/45/20
24/	23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 124B. DATE 124C. NAME	Degree Atten Phys.	Med. Director BD. ADDRESS UNIVERS	Staff Phys. C	23B, DATE SIGNED 1/5/70 1/45/70 1/45/70 (Stote)
24/	23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) SAUDINA 2. SALAN	Degree Atten Phys.	Med. Director BD. ADDRESS UNIVERS	Staff Phys. C	1/15/20 Nd Has pitye
24/	23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE 24C. NAME 24C. NAME	Degree Atten Phys.	Med. Director BD. ADDRESS UNIVERS	Shoff Phys. (2) Location (C)	1/15/20 Nd Has pitye
1	23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify) 24B. DATE 24C. NAME	DEGREE Phys. DEGREE Cof CEMETERY of CREA	Med. Director Directo	Shoff Phys. (2) Location (C)	Md Has sitye ity, town, or county) (Stote)



BURIAC

Called City Hogitals, last address was 1125 n. Slackton St.



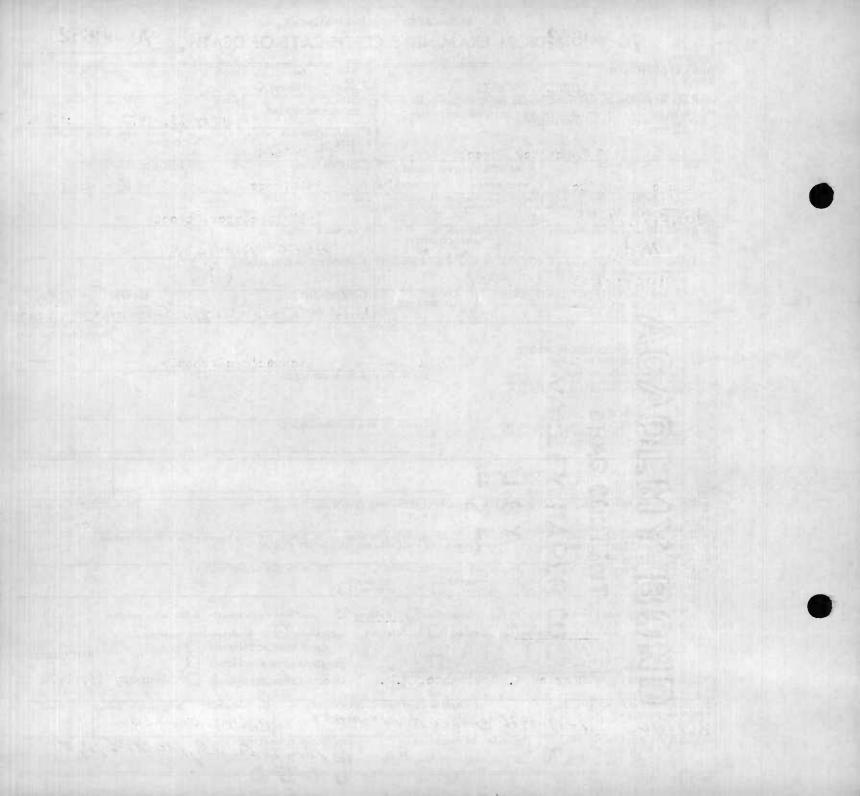
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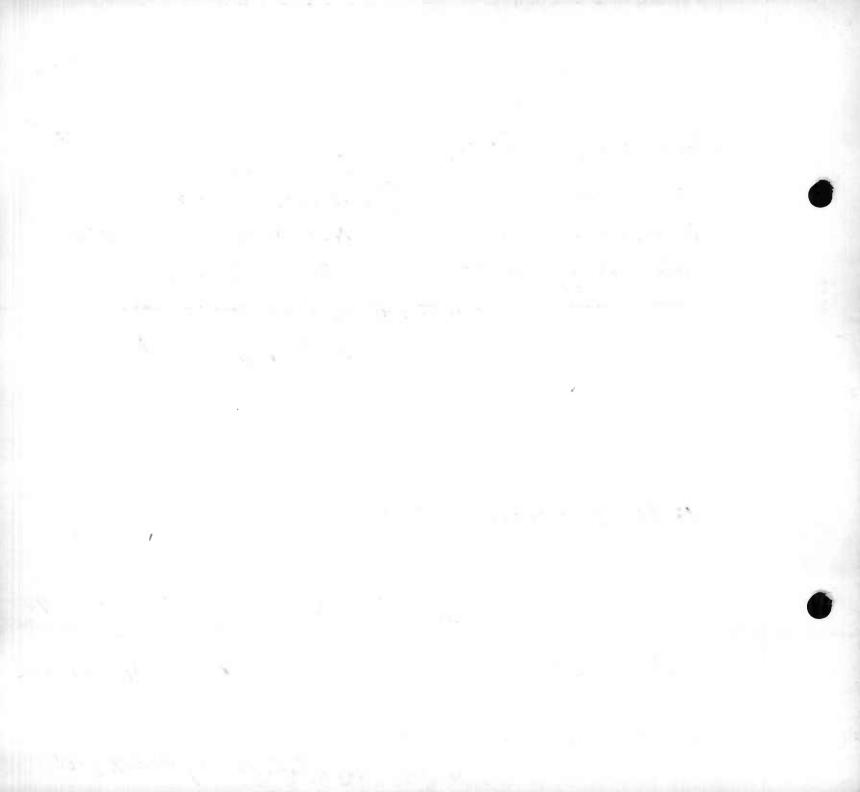
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

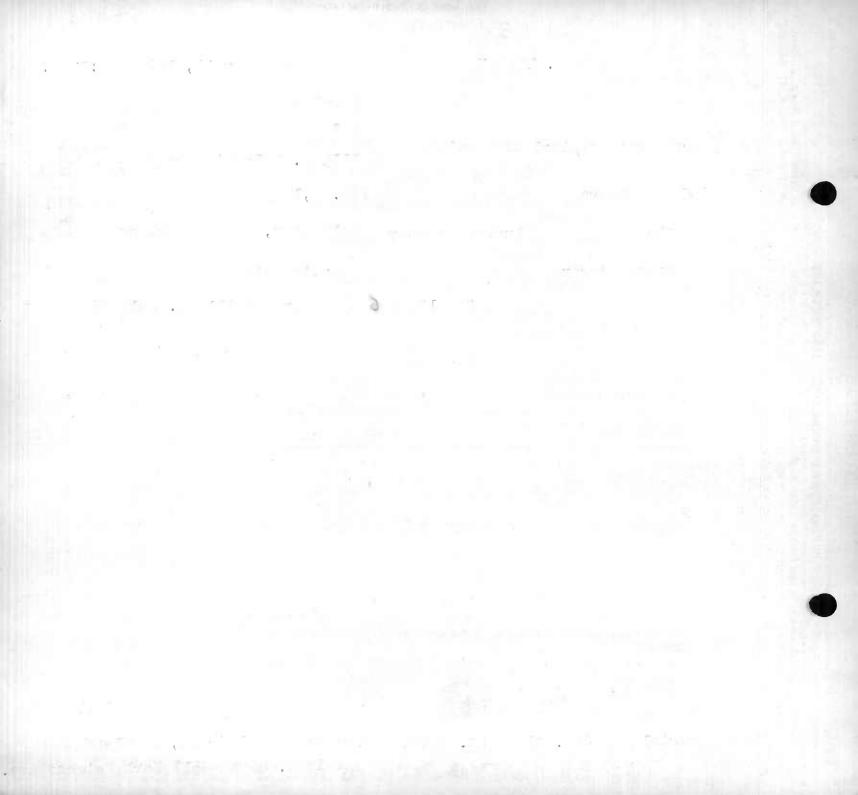
70 006 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 100652
1. NAME OF DECEASED (Type or Print) STELLA MORRIS	2. DATE Known Month Doy Year Hour OF Estimoted Month
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Doy Year Hour PRONOUNCED DEAD January 15, 1970 7:40 A.M.
ORINSTITUTION O 0 1617 Lancaster Street	5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY 203
Female White WIDOWED DIVORCED	C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. It Under 24 Hrs. Months, Days, Haurs, Min.	E. STREET AND NUMBER 1617 Lancaster Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	ALEC, MOYESKI
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' dane during most of working life, even if reflred) WAITRESS FCOD	15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	JOHN R. MORRIS-1724 SEARLES Rd 21323
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	AS A CONSEQUENCE OF:
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	S PERFORMED 21. AUTOPSY? (Yes or No) Yes
UNDERLYING ☐ CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 122E.INJURY OCCURRED	In ar about 22C. WHERE DID (If in Baltimare City, give exact location)
(APPROX.) m. WHILE AT NOT AT W	WHILE ORK
I certify that I held an Inquiry Inspection Autrestall Actual SIGNATURE EXAMINER'S Charles S. Springate, M.D. NAME (Type)	CHIEF MEDICAL EXAMINER DATE SIGNED
24A. BURIAL CREMATION, PARTIE 124C. NAME OF CEMETERY BURIAL SHERE HEART	(Signal County)
JAN 20 1970 258, NAME OF REGISTRAR LAND.	25C. FUNGRAL DIRECTOR SURJEGE LONGE LANDERES , My de





VS 150-REV, 1/1/68

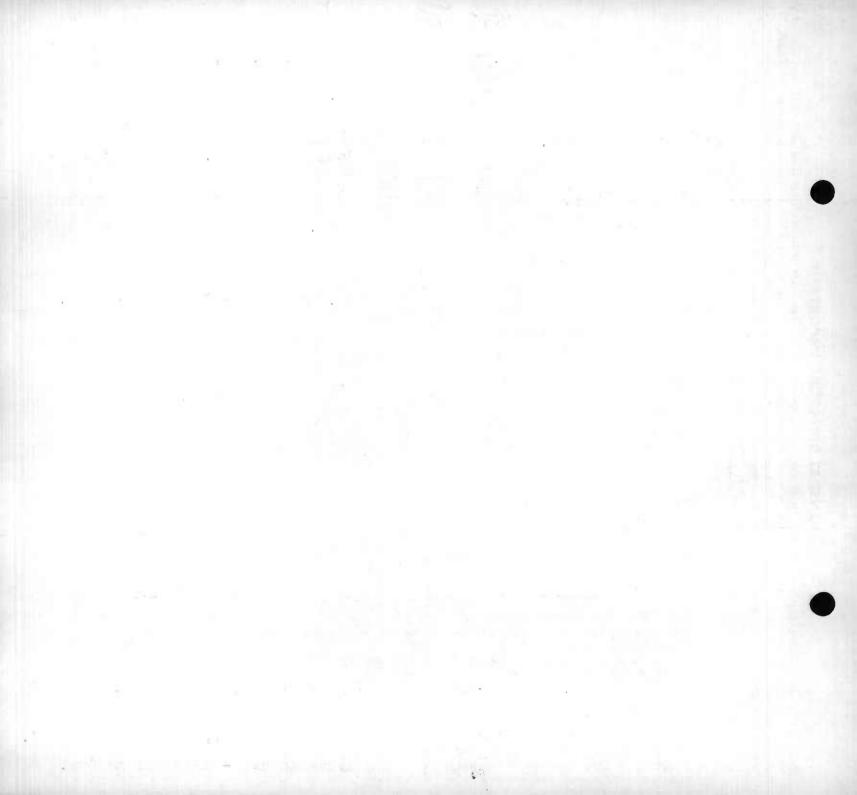
BALTIMORE CITY HEALTH DEPARTMENT

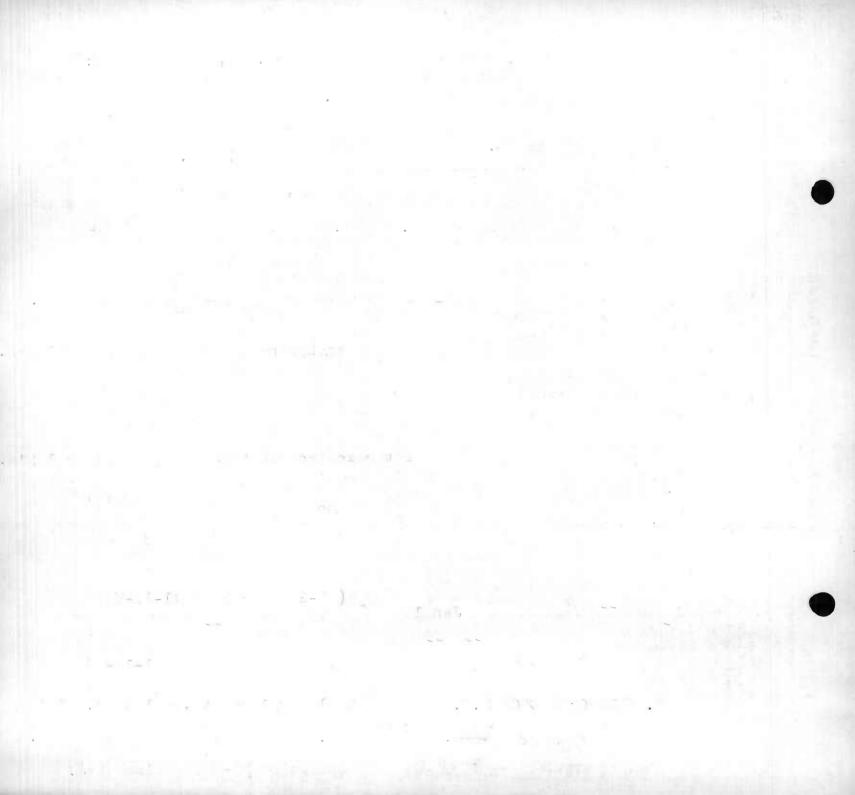


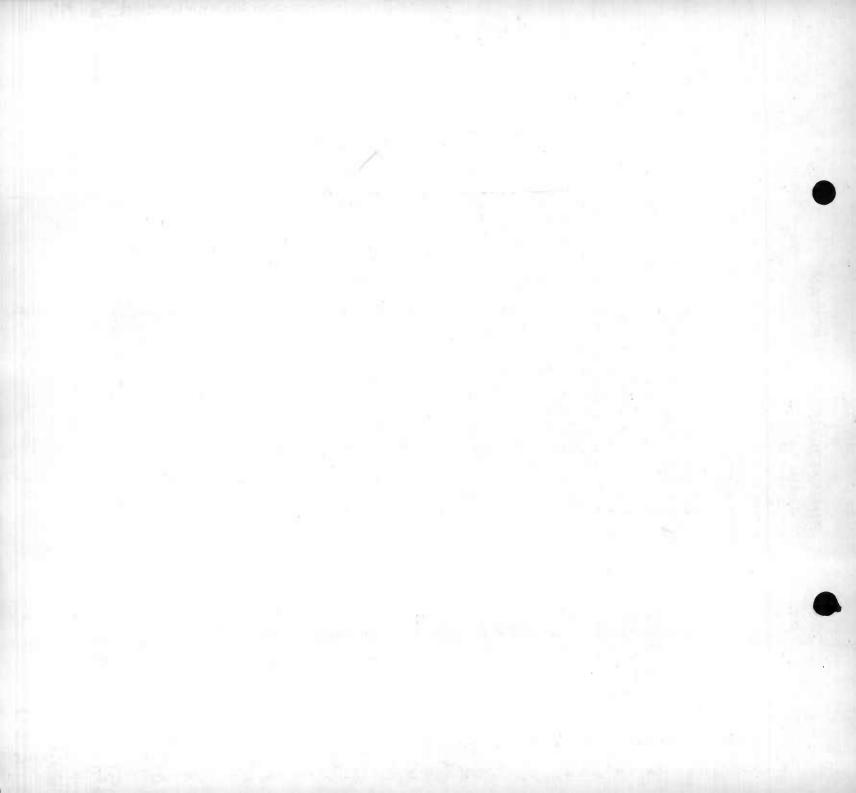
BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.	70	99655

RTH NO. NAME OF DEC		2/ NT.			AND HOUR OF DEAT		0301
		ie M. Na			. 17, 1970		7 カ
FULL NAME OF	(IF NOT IN HOSPIT			4. USUAL RESIDENCE (WA. STATE 8. COL		institution: resid	dence before odmissio
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION			C. CITY OR TOWN	D. IN	ISIDE CITY LIMI	TS?	
				Baltimore		YES 🔀	NO 🗌
3643 1	Malden Ave.			3643 Malde	n Ave.		1338
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	If Under 1 Months: D	Yr. If Under 24 H
Female	White	WIDOWED K	DIVORCED	9/29/1892	lost hirthday)	, violinis; D	dy's inouis
	warking life, even if retired)	108. KIND OF 8U	ISINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZEN	A OF WHAT COUNT
3. FATHER'S NA				14. MOTHER'S MAIDEN N	AME		
Cł	harles Hann	on		Anna Mill			
	d Ever in U. S. Armed For		SOCIAL	17. INFORMANT		A	DDRESS
Yes, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.	Mrs.Anna Ho	od - 3643		
heort tailure, injury or con DISEASES (rise to th	not mean the mode at , osthenia, etc. It means mplicotion which caused ANTECEDENT CAUSES OR CONDITIONS, it is obove couse (A) G CONDITION last,	the disease, death.)	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF:			•
DISEASES (rise to the UNDERLYIN' OTHER SIGNII TO THE DEA' DISEASE OR C	, osthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) G CONDITION last.	the disease, deoth.) any, giving stoting the MTRIBUTING HE TERMINAL T I (A).	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF: The state of the st	Nall 208 Is we were		, , , , , , , , , , , , , , , , , , ,
DISEASES (rise to the UNDERLYIN' OTHER SIGNII TO THE DEA' DISEASE OR C	, osthenia, etc. II means mplicotion which caused ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) G CONDITION last. II FICANT CONDITION S CONDITION S CONDITION S CONDITION S CONDITION S CONDITION GIVEN IN PAR	the disease, death.) any, giving stating the MTRIBUTING HE TERMINAL IT (A).	(B)	A CONSEQUENCE OF:	Na) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CI	ONSIDERED
DISEASES (rise to th UNDERLYIN) OTHER SIGNII TO THE DEA: DISEASE OR C 19 A. DATE OF	, osthenia, etc. It means mplicotion which caused ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) G CONDITION (ast.	the disease, deoth.) any, giving stoting the MTRIBUTING HE TERMINAL IT I (A). DITION FOR WHIFORMED	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes ar	IN CERTIFYING C	E FINDINGS CE:AUSES OF DE.	ATH?
DISEASES (rise to the UNDERLYIN) OTHER SIGNII TO THE DEA' DISEASE OR C 199A. DATE OF	, osthenia, etc. It means mplicotion which caused ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) G CONDITION last.	the disease, deoth.) any, giving stoting the NTRIBUTING HE TERMINAL TO TO THE NORMED 218. PL. home, etc.)	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes ar 20A. AUTOPSY? (Yes ar No or obout 21C. WHERE DID ffice bidg., NJURY OCCUR?	(If in Baltim	AUSES OF DE	ATH?
NO THER SIGNII TO THE DEAT DISEASE OR CONTRIBUTION OF INJURY (APPROX.)	, osthenia, etc. It means mplicotion which caused ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) G CONDITION last.	the disease, deoth.) any, giving stoting the NTRIBUTING HE TERMINAL TO THE LEAST	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes ar and a consequence of a conseque	IN CERTIFYING C	gare City, give e	ATH? exoct lacotian)
DISEASES (rise to the UNDERLYIN) OTHER SIGNII TO THE DEA' DISEASE OR CO 19 A. DATE OF THE DEATH (notify a person of the person	, ostheria, etc. It means mplicotion which caused ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) G CONDITION last.	the disease, deoth.) any, giving stoting the NTRIBUTING HE TERMINAL TO I (A). DITION FOR WHIFORMED 218. PL. home, etc., (Hour) (Hour) 212. IN White Work (hour) (hour) (hour) (hour) (hour) (hour)	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes ar and a consequence of	IN CERTIFYING C	gare City, give e	ATH? exoct lacotian)
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NO DISEASES (rise to the UNDERLYIN) OTHER SIGNII TO THE DEA: DISEASE OR CONTRIBUTED OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.) 21. 1 certify that (I) () and hour an	, ostheria, etc. It means mplicotion which caused ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) G CONDITION last.	the disease, deoth.) any, giving stoting the NTRIBUTING HE TERMINAL TO I (A). DITION FOR WHIFORMED 218. PL. home, etc., (Hour) (Hour) 212. IN White Work (hour) (hour) (hour) (hour) (hour) (hour)	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes ar n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IT 19 and view the bady after death	IN CERTIFYING C	gare City, give e	ATH? exoct lacotlan) 7 19 70 accurred an the c
NO DISEASES (rise to the UNDERLYIN) OTHER SIGNII TO THE DEA: DISEASE OR COTIPA. DATE OF OR CONTRIBUTED OR CON	, osthenia, etc. It means mplicotion which caused ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) G CONDITION last. FICANT CONDITION S CO. THE BUT NOT RELATED TO TO TOONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER CONDITION (Month) (Doy) (Year) (Month) (Doy) (Year) That (i) (Abis hospital of the causes start was the decease of the causes start was the decease of the causes start was the cause start	the disease, deoth.) any, giving sloting the NTRIBUTING HE TERMINAL TO THE LEARNING HE TERMINAL TO THE LEARNING HOURS OF THE LEARNING HE AND THE LEARNING HE ADDRESS OF THE LEARNING	(B)	20A. AUTOPSY? (Yes ar no or obout 21C. WHERE DID In 1970 and 1970 and 1970 and 1970 and 1970 and 1970 ADDRESS	IN CERTIFYING CO. (If in Baltim	gare City, give e	ATH? exoct lacotlan) 19 70 accurred an the designed 9/70 5 -/5 M/





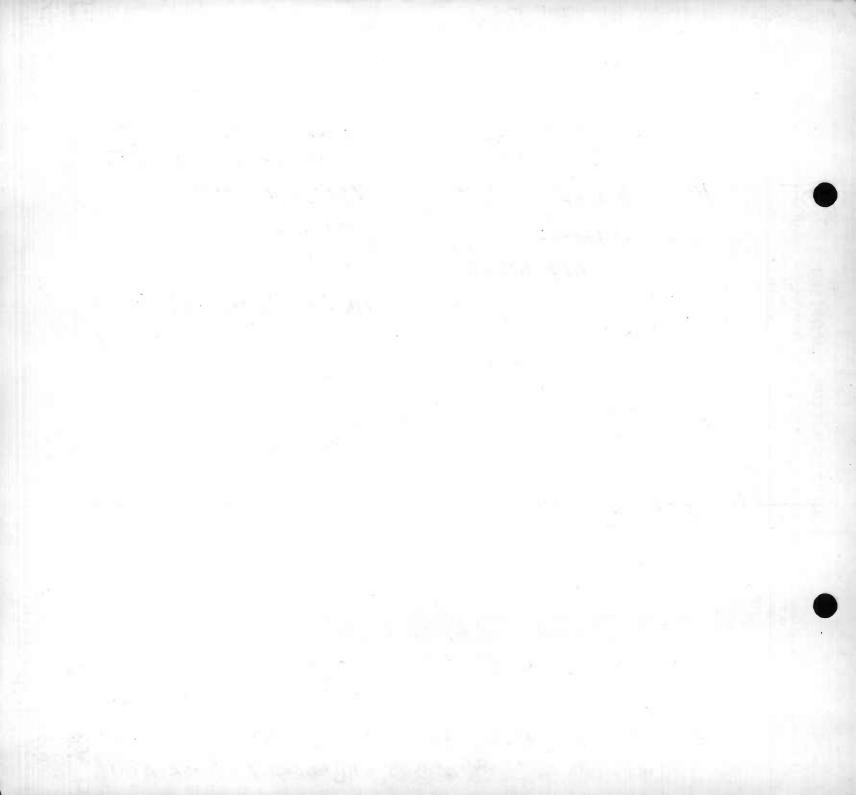


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00	MEDICAL	EXAMINER'S CERTIFICATE OF DEAT	Ή

700	0050		BALTIMORE CITY HE					70	0065
	0658 ME	DICAL	EXAMINER'S	CERTIF	CATE OF	DEAT	H REG. NO		2,000
I. NAME OF DEC	FASED			II2. DATE		44 44			
(Type or Print)	HELEN LEE			OF	Known Estimated	Month	Doy	Yeor	Hour
4. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	JEATH 3. DATE	Estimoted 🗀	Month	Dov	Yeor	Hour
FULL NAME OF			UTION, GIVE STREET	1	UNCED DEAD		13, 19		11:59
HOSPITAL OR INSTITUTION	ADDRESS OR LO	CATION)		5. USUALI	RESIDENCE (When				
A 0 0-	700 0			A. STATE	Maryland	e detended it	B. COUNTY	on. I esidence i	Jeroig Commission
6. SEX	09 Greenmou			C. CITY O			ID INCIDE	TITY LIMITON	
Female	White		D NEVER MARRIED		imore			CITY LIMITS?	
9. DATE OF BIRTI	10.005	WIDOWE					,	YES T	NO L
6/11/192	lost birth	(In years doy) 44	f Under I Yr. If Under 24 Hrs. lonths: Doys Hours Min.	2709	Greenmout	nt Aven	ue	0	704
I. BIRTHPLACE (S	tate or foreign country) 12	. CITIZEN OF	13. FATHER	'S NAME				-
Tenn.			WHAT COUNTRY?						
4A.USUAL OCCU	PATION (Give kind of wo	rk 148. KIND C	OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME			
lone during most of w	orking life, even if retired	4)							
A WAS DECEASE	D EVER IN U.S. ARM	ED FORCES?	17. SOCIAL	18. INFOR	MANIT			ADDRESS	
Yes, no or unknown)	(If yes, give wor or dole	s of service)	SECURITY NO.		s Mortuar	37 T.	enoir C		nn
19.					15 MOLLUAL	у ц	SHOLL O		PROXIMATE INTÉ
37	7 (1)		CAUSE OF DEA	Acres	te hemorrh	agic n	ancreat		EEN ONSET AND
DISEASES OF RISE TO THE UNDERLYIN	OR CONDITIONS, IF A BOVE CAUSE (A) SIG CONDITION LAST		(c)	AS A CONSE	QUENCE OF:				
TO THE DEA	CONDITION GIVEN IN	PART 1 (A).	AL		************				The threshold directs too the species on the section of the species.
20A. DATE OF	OPERATION 208. CO	ONDITION FO	OR WHICH OPERATION W	AS PERFORM	MED			21. AUTO	PSY? (Yes or I
								V	es
UNDERLYING	NAL CAUSE WAS OR CONTRIB- USE OF DEATH.	he 22	B. PLACE OF INJURY(e.g., ome, form, foctory, street, office	in or obout e bidg., etc.)	22C. WHERE DID	(If in Boltimor	e City, give e		
22D. TIME (OF INJURY (APPROX.)	Month) (Doy) (Ye			WHILE	22F. HOW DID IN	JURY OCCU	JR?	X 25	
23.		m	WORK ATV	ORK L					
I certi	ify that I held an	Inquiry [Inspection Au	tapsy X	and that an t	his basis.	deoth In my	golnlon	
result	ed from: Natural co	uses BC	Accident Suicio	ie H			ed manner	-	
100011		111	Joseph		CHIEF MEDICAL		- manner	_	
ACTUAL	1/281	1/1/	6.11	ASS	ISTANT MEDICAL		N		DATE SIGNE
SIGNATU	R'S	VIIV	M.C	•	OCIATE MEDICAL			1/14/	70
NAME (TO SEA CREATE OF THE PROPERTY OF THE PRO	AATION, 248. DATE	. Kornh	1 Lum M.D. 24C. NAME of CEMETERY	ar CREMATO	ORY 24D.	LOCATION	(City, tow	n, or county)	(Stote)
Burial		17,1970	New Providence	Cemete	To To	noir	Loudon	a aum tra	Tomas
	BY HEALTH DEPT.		ME OF REGISTRAR		FUNERAL DIRECT		Loudon	ADDRESS	Tenn
101			Jaber M.D.	1.					
100 1.00			1	1 10 73 %	mond I	2000ma	70 09 36	25 11	a+ C+
S 151-REV. 1/1/68	10,0	- 6	7 6-00	A Bank	mond L. K	aczoro	vski 25	25 Flee	et St.

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7_1	BALTIMORE CITY	HEALTH DEPARTMENT		70 00659
	659 CERTIFICA	TE OF DEATH	REG. NO.	70 7000
BIRTH NO. 1. NAME OF DECEASED (Type or Print)			D HOULOF DEATH	0
(Type or Print) JOHN F.	RENT KOUISK	11.	15/10	1,30 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institu	ution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OF	R INSTITUTION, GIVE STREET	MARYLAN	10	
OSPITAL OR ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
a Goula's	-ONV. HOME	BALTIMO	RE Y	ES NO
90 8-11:0	0	E. STREET AND NUMBER	1-101	C- 105
DELAIR	P.	Adl8 FOR	AGE (In years It	f Under 1 Yr., If Under 24 Hrs.
mile william	ARRIED NEVER MARRIED	B. DATE OF BIRTH	ost birthdoy	f Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
113 - WIII -	DOWED DIVORCED L	11. BIRTHPLACE (State or foreig	18	2. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	NITO OF BOOMEST ON INCOME.	00 101.1.1		
CITY EMPLOYER		MARYLANI	5	
13. FATHER'S'NAME	1.	14. MOTHER'S MAIDEN NAM	16	
MICHAEL BENTR	OWSKI	,		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of s	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1,	ADDRESS
NO		MR JOHN BEN	TKOWSKi.	3632 LYNDALE/FU
18/12 41	CAUSE OF DEAT	H / -/. /	1 1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	y (nilen	Dulle C.	'allalan	RY 51/15
(This does not mean the mode of dyin	g, e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
heart foilure, asthenia, etc. It means the cinjury or camplication which caused deat	diseose,			
ANTECEDENT CAUSES		EVAL DOM		
DISEASES OR CONDITIONS, if any,	giving (8)	A CONSEQUENCE OF:		
rise to the above couse (A) stati	ng the			1182191
UNDERLYING CONDITION lost.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A	RMINAL			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN	DINGS CONSIDERED
		1 1010		
OR CONTRIBUTING TO CALLSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	iffice bldg., INJURY OCCUR?	(It In Baltimore C	lity, give exoct location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Yeor) (Ho		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work Not Whi At Work	" , ,		
22. I certify that (I) (this hospital) att	ended the deceased from	2/8/67 1	9ta	1970.
that (1) (we) last sow the deceased old	ive on /// 3	19 7 0 ond the	ot in(my) (our) opinio	on deoth occurred on the dote
and hour and fram the causes stated a	bove. (1) (We) (did) (did not)	view the body after deoth.		
23A. SIGNATURE	10 10		23	B. DAYE SIGNED
For amm offen	Stem M. D. Att	ending Med. Director	Staff Phys.	///5//0
23 C. PHYSICIAN'S	DEGREE	23D. ADDREP	- n	2 " 1
DRIBENSAMIN HIL	HYTEIN	121 XHILAHA	MI AM 19	DATINUME MUZICAL
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (City.	town, or county) (State)
REMOVAL (Specify)	HOLY ROSARY	(EMETERIBA	TiMARE	MARYIAUD
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25% FUNERAL DIRECTOR	LINDICKE	APDRESS COCO
IAN 21 1970 31.0	E. Farber, M.D.	RAYMAND 7	KACZOI	Powsti ELERT
/S 150-REV, 1/1/6B	1 1 1 1	The state of the s		
3 130-KE V. 17 17 0B				



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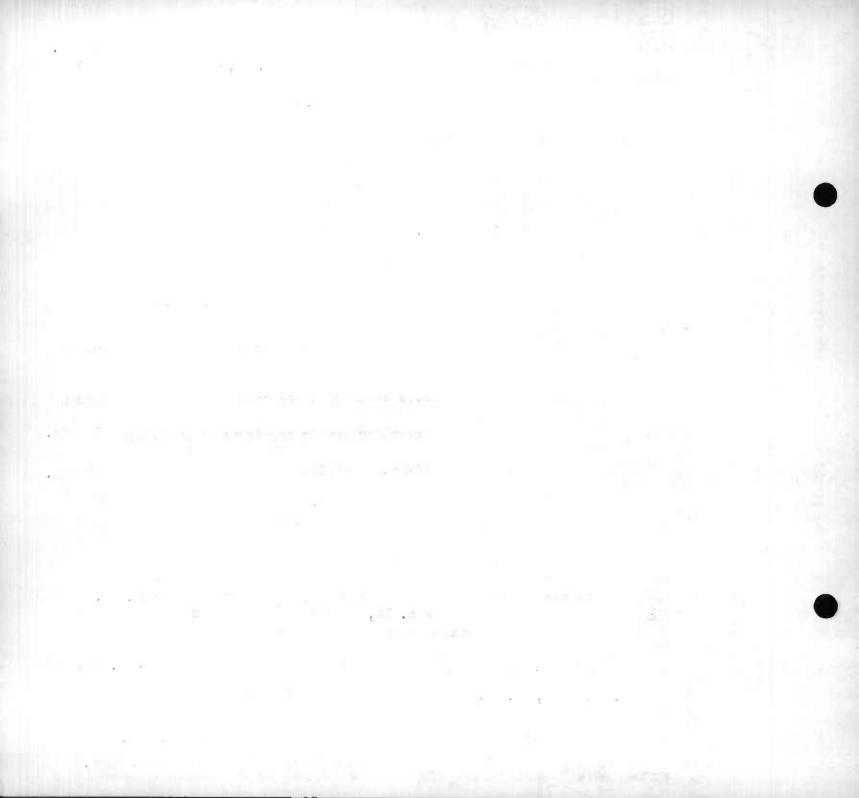
Such

			BALTIMORE CITY	HEALTH DEPARTMENT		70 00650
	70	00660	CERTIFICA	TE OF DEATH	REG. NO	70 00000
BIRTH NO.			0=100		AND HOUR OF DEATH	Approx.
(Type or Print)		Y LEE OS	STER	Jan	.17,1970	9:30 A
3. PLACE IN B	ALTIMORE, MARYLAND,	WHERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE IW A. STATE 8. COL	here deceased lived. II in	stitution: residence before admission
FULL NAME OF	F (IF NOT IN HOS ADDRESS OR LO	PITAL OR INSTITU	JTION, GIVE STREET	Md., 21		IDE CITY LIMITS?
0.00				Baltimore		YES 🖾 NO 🗌
35	Johns Hop	Kins Hos	spital	E. STREET AND NUMBER 2619 Edis	on Highway	2643
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Days Hours Min.
male	white	WIDOWED	DIVORCED	7/19/1906	63	Williams Days Hours Williams
OA. USUAL OC			BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTE
Lieute	of working life, even if retired		e Dept.	Maryland		
3. FATHER'S N		101270	е веро.	14. MOTHER'S MAIDEN N	AME	
	Frederick	Oster		unknow		
5. Was Deceas	ed Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	wn) (If yes, give wor or d		SECURITY NO.		-	
				Frederick	Oster, son,	above
18.	0.9-1 23	50.01	CAUSE OF DEAT	Н		SETWEEN ONSET AND DEA
DISE	ASE OR CONDITION					
	LEADING TO DEAT		(A)IMMEDIATE CAL	_{ISE} Cardiac ar	rest	Sudden
heart failur	nal mean the made e, asthenia, etc. 11 mea amplication which caus	ns the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
	ANTECEDENT CAUS	ES	Acute co	ronary thrombo	sis	Sudden
DISEASES	OR CONDITIONS, i	f any, giving	DUE TO, OR AS	ronary thrombo		Duddon
	the abave cause (A	A) stating the	(a) Artemic	sclerotic card	downanilan d	isease 12 yrs.
ONDERLIN	NG CONDITION Idst.		(C) VI 601 T	SCIETOFIC CALC	TOVASCULAR O	LS88SB +2 JARA
Z OTHER SIGN	II VIFICANT CONDITIONS (CONTRIBILITING	21.1.1			
F TO THE DE	ATH BUT NOT RELATED TO	THE TERMINAL	Diabete	s mellitus		$1\frac{1}{2}$ yrs.
U 19 A. DATE	OF OPERATION 198. C	ONDITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or	Nol 208, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE	WAS P	ERFORMED		No	IN CERTIFYING CA	USES OF DEATH?
OR CONTRI	BUTING CAUSE OF	21B. hom etc.)	e, form, foctory, street, o	n or obout 21 C. WHERE DID	(If in Baltimor	e City, give exact locotion)
	(Month) (Doy) (Yes	or) (Hour) 21 E.	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJURY		Whi	te At Not Whil			
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that (I) (%) lost saw the deced	sed olive on	Jan. 11	. 19 70 ond		nion deoth occurred on the do
				iew the body after death		
23A. SIGNA			/ (JD-20000) (drd flor) (new rife body direr dedir	1.	23B, DATE SIGNED
	8	0	2 Atte	ending Med.	Staff	
20.0 0.1111	0.7.	nu	M DEREE Phy	s. Director	Phys.	Jan. 19, 1970
NAME	/Typel	u, M. D.		23D. ADDRESS 5301 H	atford Road	
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Buri	al 1/20	//U LOI	idon Park		Baltimore,	IVI CI .

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	BALTIMORE CITY HEALTH DEPARTMENT	70 00004
	70 10664 CEDTIFICATE OF DEATH X REG. NO.	70 00664
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	Po or Print REED ALMA E 2 DATE AND HOUR OF DEATH	, 955 p
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İİN	D. INSIDE CITY OF TOWN Abordoon	
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	Baltimore, Maryland 21224 47 Liberty Street 21001	
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	Boulah Bood NANCS	
(Ye	Wos Decessed Ever in U. S. Armed Forces? into or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 4940 Eastern Aven	
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	injury or complication which caused deoth.)	
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	me to me apore cope (M) Pigillid life	
	UNDERLYING CONDITION lost (C)	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	unknow
AT	DISEASE OR CONDITION GIVEN IN PART 1 (A).	****
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION YES 19D. 19D. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF No. 19D. 20B. IF YES, WERE FINDING CAUSES OF No. 19D. 20B. IF YES, WERE FINDING CAUSES OF No. 19D. 20B. IF YES, WERE FINDING CAUSES OF No. 19D. 20B. IF YES, WERE FINDING CAUSES OF NO. 19D. 20B. IF YES, WERE FINDING CAUSES OF NO. 19D. 20B. IF YES, WERE FINDING CAUSES OF NO. 19D. 20B. IF YES, WERE FINDING CAUSES OF NO. 19D. 20B. IF YES, WERE FINDING CAUSES OF NO. 19D. 20B. IF YES, WERE FINDING CAUSES OF NO. 19D. 20B. IF YES, WERE FINDING CAUSES OF NO. 19D. 20B. 20B. 20B. 20B. 20B. 20B. 20B. 20B	GS CONSIDERED
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	22. I certify that (1)(this hospital) attended the deceosed from 1/1/70 19 to 1/3	170 19
	that (1) (we) last saw the deceosed clive on 1/13/70 19 and that In (my) (our) opinion de	7
	and bour and from the causes stated above. (1) (We) (dld) (dld not) view the bady after death.	
		ATE SIGNED
	Phys. Director Phys.	115/10
	23C. PHYSICIAM'S NAME (Type) DALE P. HENKEN M.D. 23D. ADDRESS BALTIMORE CITY HOSPITALS. 4940 Eastern Avenue Baltimore	24
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/5	50-REV. 1/1/68	or all proce

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	ust be a cased to dent of ospital death) must be	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED
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	E 0 0 0 + 0	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	was r An a L at prior	OEGREE
	certificate sody was /s: (1) An a D.O.A. at ased prior	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	bod VS: D.O.	12/10 Solemons [8/5 1010.
	This certif the body shows: (1) was D.O./ deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRESS C. FLAGRE C. 130 E FORCE CO.
	₩ ∓ ₩ \$ 0 \$	JAN 21 1970 Robert E-Nager, M.D. 18 6-89-130 E +020 Ces.
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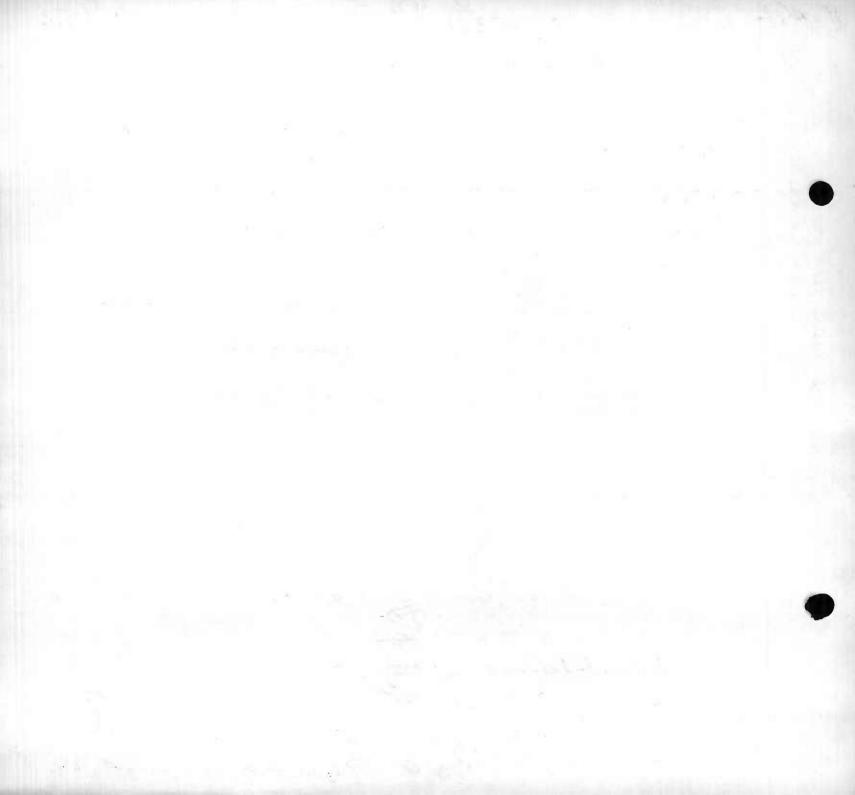
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TAN istan istan he d kind; deat ce at	(Te	s,no or unknown) (If yes, give wor or dates of service) SECURITY NO. 216-05-5548	BCH-Records Baltimore, I	Maryland 21224
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ust be eased ident haspit		23A/SIGNATURE	ending .ed. Staff TV	238. DATE SIGNED
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ificate m / was rel 1) An acc).A. at a l d priar to	1	230. PHYSICIAN'S NAME (Type)	23D. Address 4940 Eastern Avenue	
was r An a L at priar		JR Wands MD. DEGREE		21224
P.O. O. D.	24	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRI		City, town, or county) (State)
certificat bady was ws: (1) An s D.O.A. a) eased pric	1	Burial 1-22-10 Oak Laws	walto.	ma.
	25	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS James
This the Isshav was dece	B	JAN 21 1970 Para E. Jarley MD.	delma a Hoffman	- 3218 Hudsmy.
	VS	150-REV. 1/1/6B		

Letter from Social Security and V.S. 153 1-23-70 M.H.

PALTIMORE C	TATE OF DEATH X REG. NO. 70 00671										
BIRTH NO. 70 00671 CERTIFIC	ATE OF DEATH REG. NO.										
1. NAME OF DECEASED (Type of Print) OFFLEY ROGER A.	2. DATE AND HOUR OF DEATH										
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	1-17-70 2:20 P.M. 4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission)										
	A. STATE B. COUNTY										
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN ID. INSIDE CITY LIMITS?										
JOHNS HOPKINS HOSPITAL	PASADENA YES NO										
33 601 N. BROADWAY	E. STREET AND NUMBER										
BALTIMORE, MD 5. SEX 6. RACE 7. MARRIED X AVESTO HARRIED X	RT#11 BOX 119										
MALE WHITE WIDOWED DIVORCED	[lost birthdoy] Months: Doys Hours Min.										
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	IRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?										
done during most of working life, even if retired! Ins. Adjuster Insurance	Baltimore, Md. U.S.A.										
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME										
WARREN OFFLEY	EVELYN WATTS										
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (II yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS										
NO NONE 217/38/819	Mrs. Joan Offley Same as #4										
18. 186 X I CAUSE OF DEA											
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heort failure, asthenia, etc. II means the disease, injury or complication which caused death.)	of Last Testis.										
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OP CONTRIBUTING TICALISE	in ar obout 21 C. WHERE DID (If In Baltimore City, give exect locotion)										
DEATH (notify medical examiner)	_										
DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Yearl (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?										
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											Mending Med. Staff M
										Plant Plant	hys. L. Director L. Phys. L.
23C. PHYSICIAN'S NAME (Type) R. VESCULFI M.D.	Johns Hackins HospiTAl										
44. BURIAL CREMATION, 248, DATE 24C, NAME OF CEMETERY OF C	ee!										
Burial 1/21/70 Glen Haven Mem											
SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	11 Park Glen Burnie, Md.										
JAN 21 1970 RAGE & Jaben M.D.	O Ociocia de Monusar										
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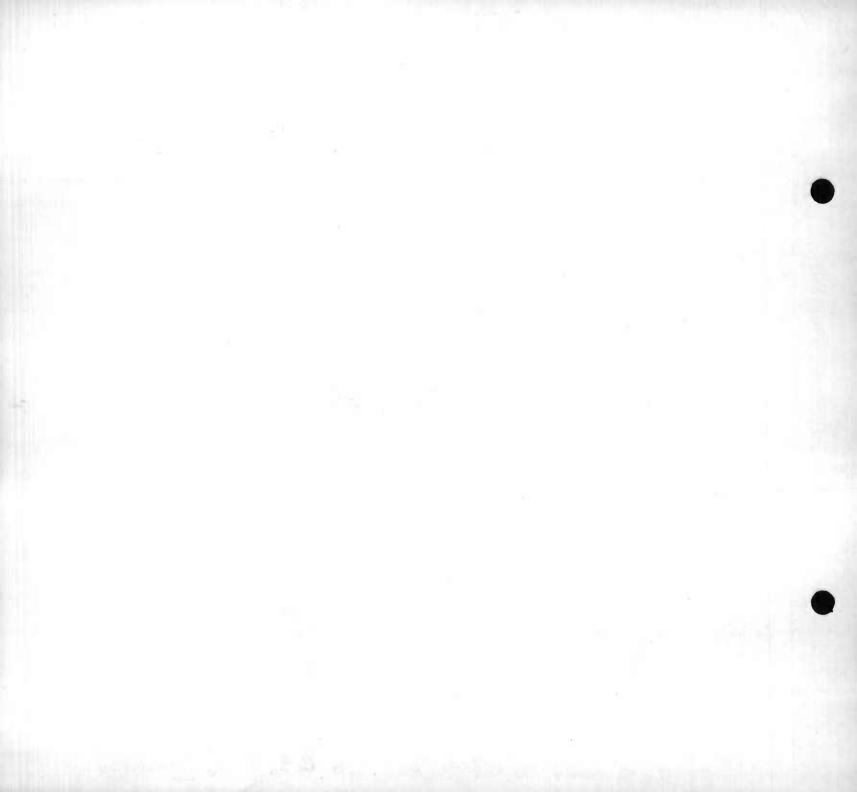
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DIRECTOR:

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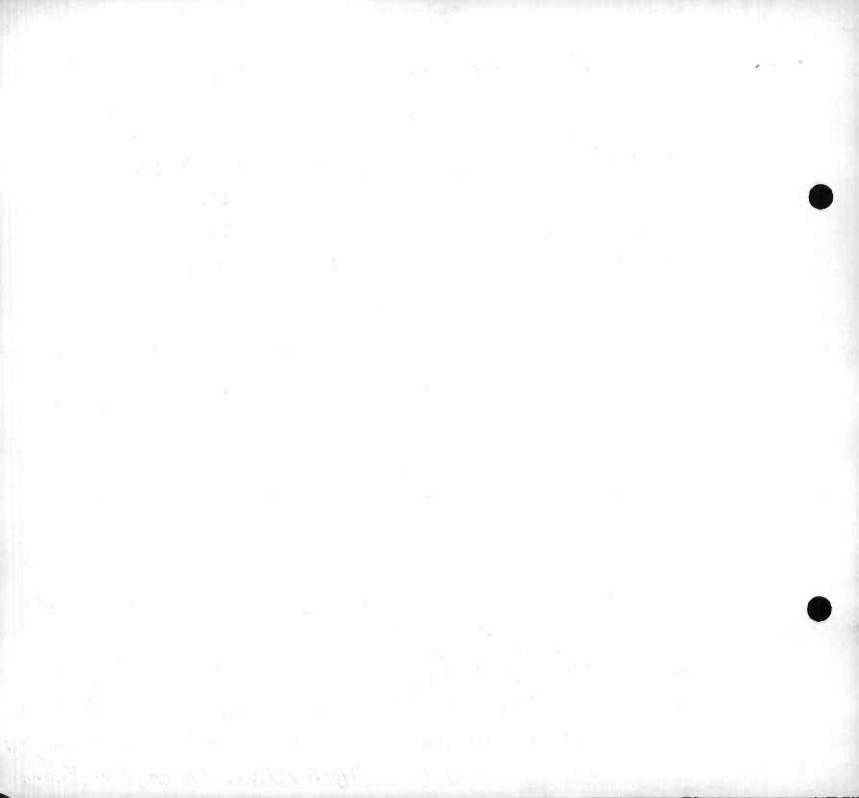
BALTIMORE CITY HEALTH DEPARTMENT 70 00673 REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) -1970 KUEBLER JAN. 8 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY MARYLand (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? INSTITUTION BOLTIMORE YES 🔀 NO ST. MARGARIET ST. MARGARET 3825 9. AGE (In years lost birthday) If Under 1 Yr. Months: Doys If Under 24 Hrs. S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED JAN. 7-1883 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) House wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rodonmeyer ELIZABETH HENRY DENHARDT IS. Was Deceased Ever in U. S. Armed Forces? ADDRESS 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO. No BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl failure, asthenia, etc. Il means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DUE TO, OR AS A DISEASES OR CONDITIONS, if ony, giving CONSEQUENCE OF rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH WAS PERFORMED OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, alfice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While White At (APPROX.) Al Work 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) lost saw the deceased alive on. ... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A, SIGNATURI Attending Phys. 23D. ADDRESS 23C. PHYSICIAN'S 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY



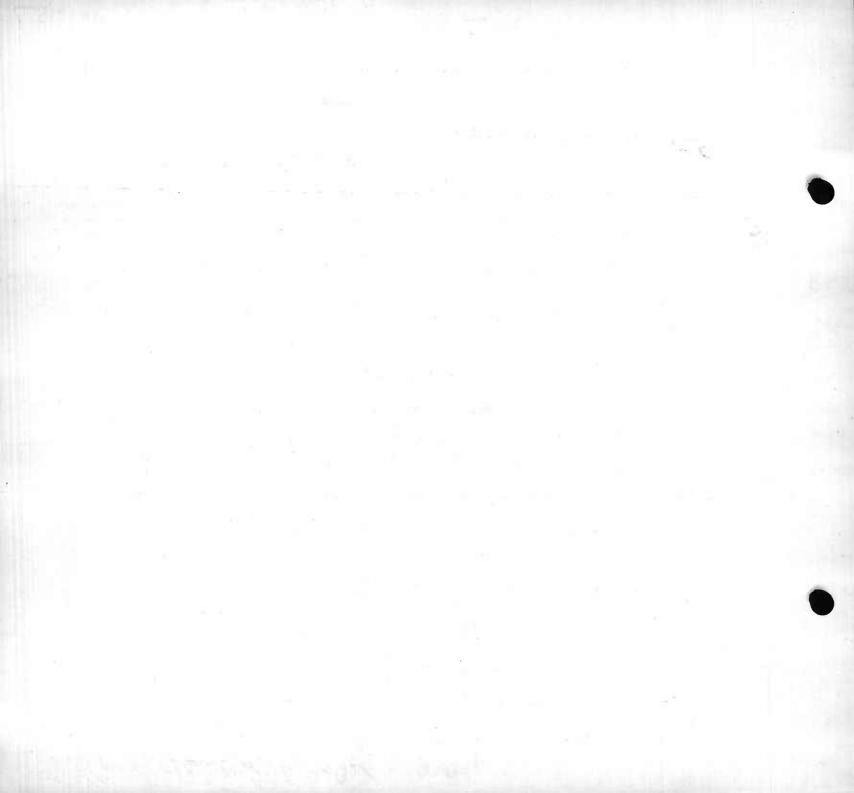
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and eath ased the Such			ATE OF DEATH REG. NO. 70 00674
77 A C	(Typ	DOODY, LOUISE EMMA	2. DATE AND HOUR OF DEATH
hospital use of d (5) Dece ance on death.		PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	JANUARY 15, 1970 5:45 A. M.
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1	done	e during most of working life, even if refired	
ĺ		FATHER'S NAME	MARYLAND U.S.A.
		CHARLES BINDEMAN DEC'D	(ROTH) ELIZABETH
		Wes Decessed Ever in U. S. Armed Forces? 16. SOCIAL	
		SECURITY NO.	ST AGNES HOSPITAL WILKENS & CATON AVE
	_	18. /// A G CAUSE OF DEA	
ļ		DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
		LEADING TO DEATH	use Cardiac Faiture
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	A CONSEQUENCE OF:
A fracturation by the properties of the properti		ANTECEDENT CAUSES	Tyo Cardial Infarction.
ı		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AL	SA CONSEQUENCE OF:
l	1 1	rise to the above cause IAI stoling the UNDERLYING CONDITION tost. (C).	neumonitis.
l	ŀ	(//	
	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ı	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	2004	
	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
	CERTIFI	21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., home, form, foctory, sirest, company)	in or obout 21G. WHERE DID (It is Bollimore City, give exoct location)
	0	DEATH (notify medical examined	NICE OIGH INSURT OFFIELD
	AEDI	21D. TIME (Month! (Doy) (Yeon (Houn 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
		(APPROX.) While At Not Whi Work At Work	le 🔲
		22. I certify that (1) (this haspital) attended the deceased from U	The second secon
		that XIX (we) last saw the deceased alive an JANUARY 15	a19.70 and that in(XxX) (aur) apinian death accurred on the date
		and haur and from the causes stated above. (*) (We) (did) (He) (he)	view the bady after death.
	ľ	23A. SIGNATURE	23B, DATE SIGNED
		23C. PHYSICIANS	ending Med. Shoff Mhys. 1-15-70
		23C. PHYSICIAM'S M. G. ALLEN-MERSH. PRCS	23D. ADDRESS BALTIMORE MD 21229
	24A.	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	ST AGNES HOSPITAL WILKENS & CATON AVE,
		BURIAL 1/19/20 Glow How M.	P C C C C C C C C C C C C C C C C C C C
	25A.	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
		JAN 21 1970 2 6 8 2 JOB 0 48 0	O KIRKIEY FUNERAL HOME GEM BURNIE
	VS 1	150-REV. 1/1/68	

AND THE RESERVE AND THE RESERVE AND THE PROPERTY AND THE ,

-	362	BALTIMORE CITY HEALTH DEPARTMENT
	Shot a	BIRTH NO. 70 00675 CERTIFICATE OF DEATH REG. NO. 70 00675
	of deat Occease o on th	1. NAME OF DECEASED (Typo or Print) ADA P STRANSSIER - 1-14-70
	of of Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Whore deceased lived, If institution: residence before admission A. STATE . B. COUNTY
	hos Se (5) de	FULL NAME OF GIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET, Md. ADDRESS OF LOCATIONS
	cau use; tend	INSTITUTION D. INSIDE CITY LIMITS?
	in the second	BACT MO STREET AND NUMBER
	ar do.	SICCEDAR DEALLES DEILE
	occurre ontribut ermined regular ased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthday) WIDOWED DIVORCED 7. Months Doys Hours Min.
		10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	or nd	HOUSEWIFE - US. PA. U
	direct direct ; (4) U th wa on the dispos	13. FATHER'S MAIDEN NAME
Z		15. Was Deceased Ever in U. S. Armed Ferces? 16. SOCIAL 17. INFORMANT ADDRESS
RTA	ssista the kind dear nce final	(Tes, no of unknown) (If yes, give wor of doles of service) SECURITY NO.
OR	if the same of fi	18. CAUSE OF DEATH APPROXIMATE INTERVAL
MP	den + 0 -	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
=	PA 5 5 E	(This does not mean the mode of dying, e.g.,
OR:	20000	neuri mittre, osinenia, etc. il means me discose,
5	867600	ANTECEDENT CAUSES (B) CARCINOMA OF CERVIX, 3 + YRS
REC	6 X @ _ c 0	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
	dical cal ns; (icia icia	UNDERLYING CONDITION last, (C)
AL	BE SE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FOR THE DEATH BUT NOT RELATED TO THE TERMINAL REPORTS OF THE PLEASE OF T
ER	P C C C	Q IDISEASE OR CONDITION GIVEN IN PART 1 (A).
Z	May 12 May 21	
	ital by ep. (2) B vhere t No phy before	U 21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID or CONTRIBUTINO CAUSE OF localion, factory, street, affice bidg., INJURY OCCUR?
	90 3 7	Q 21D. TIME (Month) (Doyl (Yeorl (Haud) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	> = 0 0 0	While At Not While At Work At Work
	the any (exc	22. 1 certify that (1) (this hospital) attended the deceased from 19 19 19 10 1-14 19 10
	15 a c c c c c c c c c c c c c c c c c c	that (I) (we) last saw the deceased alive an
	dent of death)	and haur and from the causes stated above. (1) (We) (dfd) (did not) view the bady after death. 23A. SIGNATURE
	30.52	Auguent Namuelle Phys. Attending Med. Staff Phys.
	was rele An acci L at a h prior to	23C. PHYSICIAN'S NAME (Type) 1 1 1 1 23D. ADDRESS BALT
	44	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, of county) (Stotal
	body v ws: (1) b.O.A body v ws: (1) b.O.A beased then ap	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City. lown, or county) (Stole) 13 UKIAL 1/17/70 GIEN HAVEN MEM. PK FAFF. GIEN BURNIE
	This certification of the body shows: (1) was D.O. deceased written a	25A, DATE REC'D BY HEALTH DEPT. DISB. NAME OF BEGISTEAR DISC. CHINERAL DISC. CO. D. D. D. C. D.
		11. 31.11 10. 11. 11. 11. 11. 11. 11. 11. 11. 11.
		VS 150-REV。1/1/68



0	416 1	BALTIMORE CITY HEALTH DEPARTMENT
5	112	70 00677 CERTIFICATE OF DEATH REG. NO. 26 70 00677
	ath sed the uch	I, NAME OF DECEASED 2, DATE AND HOUR OF DEATH
	O D O	(Type or Print)
	Pose d	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
		A. STATE B. COUNTY
	se (5) and	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)
	_ 3 D	INSTITUTION . INSIDE CITY EMMISS
	in a g ca ause ause iffen or fc	Harbor Vew M. C. C. Linthicm Hats YES NO X
	at at	
	ar ar	3í Pataps co Rd. 200
	ribu mine gula mad	9. AGE (In years lost birthdoy) NEVER MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Never Married Never Married No. 1 (Index 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	death occurre or contribut Undetermined as in regular e deceased p	7 W. WIDOWED DIVORCED 10-8-86 822
	recent terms	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ath in det ion	Harles (FF
	de Un as e	13/ FATHER'S NAME
	nt if death direct or c; (4) Undet th was in the dec	Manx E. Moser
7	dis the dis	
ORTAN	stan le d ind; eatle al d	15. Was Decersed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.
- -	ssista the the kind dea nce final	Mrs / Kelmer Herry 3 fatarsses K-d-
Ö	if if da da da da da da da da da da da da da	18. 1 3 3 9 1 CAUSE OF DEATH
٩		DISEASE OR CONDITION DIRECTLY
_ ≥	Also Also e of noun atte	LEADING TO DEATH (A) IMMEDIATE CAUSE CRETICAL PROPERTY MINES
		(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,
O.S.	ne ner nct pr pr	injury or complication which caused death.)
2		ANTECEDENT CAUSES CONCERN COSCENETIC Wishers Sciens
Ü		DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
~	_ 0 C = : s	rise to the obove cause (A) stating the UNDERLYING CONDITION last. (C).
0	medica ledical burns; hysicia in was remain	
-4	A K Si Si Si Si Si Si Si Si Si Si Si Si Si	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
₹	med ned bu phy an	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
2	ho de e	19A, DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Z	B P P P P P P P P P P P P P P P P P P P	
1	tal by e; (2) here to ph	OR CONTRIBUTING CAUSE OF home form foctory street office bldg. INIURY OCCUR?
	itali itali No No be	DEATH (notify medical examiner) etc.)
		21D, TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	hosp natu cept d (6)	OF INJURY (A PPROX.) While At Not While At Work
-	rove he h y n xce xce btai	22. I certify that (1)(this hospital) attended the deceased from July 28 1969 to Jan 19 1970.
	0 0 0	19 (/ 1)
	5 - 4 = E 6 9	
	st be a ased to lent of ospital death)	ond hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	eased ident hospit nust	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff
		1 C' College By Dearte Phys. Director Phys. Jean 17/7 10
	s re ac or ov	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	certificate sody was r s: (1) An a D.O.A. at a ased prior	17-C. 196EUIZATOS, M.D. 12078+ Vaul St. Dollo fred 21202
	A. A.	244. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	s: ()	
	# 8 P	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	VI 40 C VI U	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	This certificate mathe body was released by a accidance of the body was b.O.A. at a becased prior to written approval	JAN 21 1970 26 8 8 30 Barren Ma Oellin Fell. V3 Takes and



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BALTIMORE CITY HEALTH DEPARTMENT

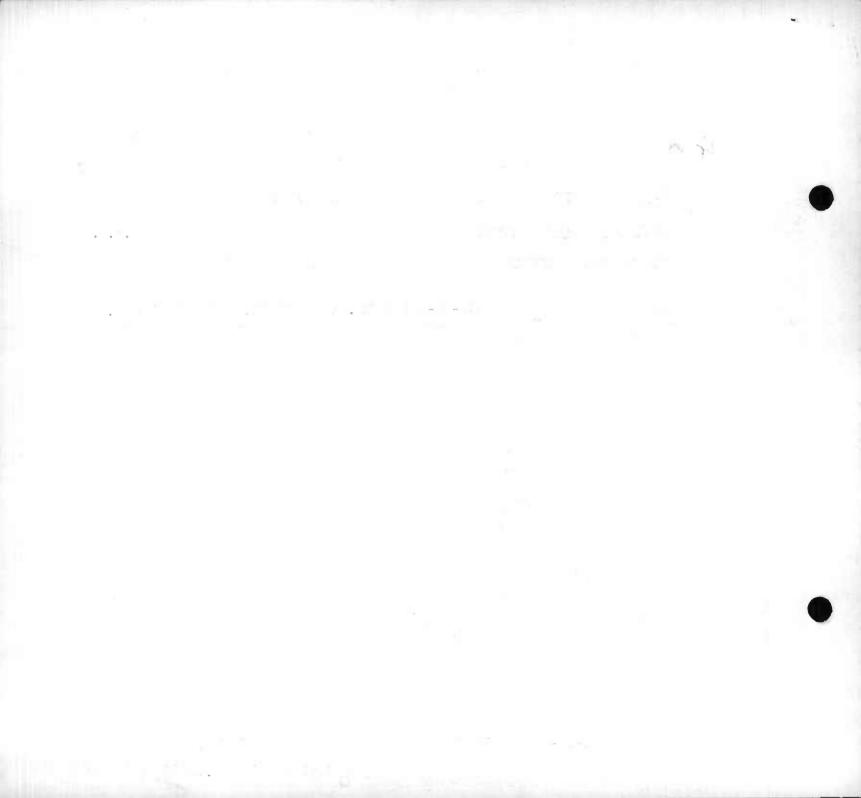
MEDICAL	FXAMINER'S	CERTIFICATE	OF DEATH
MILDICAL	FVWWIII AFV 2	CLKIIICAIL	OF DEATH

70	00	67	8
6 4/		1000	

BIR	TH NO.		MILL	/ICAL	/	AMII ALK 5	LKIII	CAIL	I DEA	REG. NO			
1. 1	NAME OF DE	CEASED		illi:		(C. G	2. DATE	Known [Month	Doy	Yeor	Hnur	
						S, Sr.	OF DEATH	Estimoted					м.
	LACE IN BA LNAME OF					OUNCED DEAD	3. DATE	DUNCED DEAD	Month	Doy	Yeor	Hour	
HOS	SPITAL	ADDRI	ESS OR LOCA	TION)	mon	ON, GIVE STREET				ry 17, 19		6:25	- M.
0		2026 E.	Balti	more	Str	eet	A. STATE	Marylan		B. COUNTY	residence	before odmi	ission)
6. 5		7. RACE		B. MARR	RIED [NEVER MARRIED	C. CITY O	RIOWN		D. INSIDE CIT	Y LIMITS?		
1	Male	Whit	e	WIDOV	VED [DIVORCED [Baltimo	re	YE	s 🖾	NO 🗆	
_	ate of BIR		10.AGE (in lost birthdo	years y)	II Un Mont	der 1 Yr. If Under 24 Hrs. hs. Doys , Hours , Min.	E. STREET	2026 E.		ore Stree	t	60	14
11. 1	BIRTHPLACE	(State or larely				ITIZEN OF	13. FATHE	R'S NAME					
		New Yor	k		V	CHAT COUNTRY?	Wal	ter Will:	iam Evar	s			
I 4A.	USUAL OCCI	UPATION (Giver working lile, ex	re kind of work	14B. KIND	OF E	BUSINESS OR INDUSTR	15. MOTH	ER'S MAIDEN	NAME				
	Mectri		ren intenieu)	Beth	leh	em Steel	Carr	ie Hall					
16. (Yes	WAS DECEAS	SED EVER IN	U.S. ARMED	FORCES	\$?	17. SOCIAL SECURITY NO.	18. INFOR				DRESS		
	Yes		to 193'		'	220-95-2878	Mary	E. Nels	on, 519	Trimble	Road,	Joppa	, Md.
	19. 41	2.1/				CAUSE OF DEA	тн					PPROXIMATE I	
	DISEA	SE OR COND	ITION DIRE	CTLY		Arteriosc	leroti	c cardio	vascula:	r disease			
	100.0	LEADING TO				(A)IMMEDIATE O	AUSE						
	heart foilur	not mean the e, asthenia, etc	. It meons the	diseose,		DUE TO, OR	AS A CONSE	QUENCE OF:					
	injury ar co	mplication whi	ch coused de	oth.)									
		NTECEDENT				(B)							
	RISE TO TH	OR CONDITI	USE (A) STA	I, GIVING		DUE TO, OR	AS A CONS	EQUENCE OF:					
Z	UNDERLYI	ING CONDIT	ION LAST.			(c)							
CERTIFICATION			11	211221211									
õ	TO THE DE	NIFICANT COL	RELATED TO	THE TERM	INAL								
RT		R CONDITION				WHICH OPERATION W	AS DEPEND	MED			21 AUTC	PSY? (Yes	or Nol
핑				10111011	·OK	WHICH OF EXAMORY W	AS PERIOR	MLD			21. AUTC		01 110)
7	ZZA. EXTER	RNAL CAUSE	WAS		22B. P	LACE OF INJURY(e.g.,	in or obout	22C. WHERE D	ID (II to Boltime	are City, alve exac	t location)	No	
	UNDERLYIN	GOR CON	ITRIB-		home	, form, foctory, street, offic	e bldg., etc.)	INJURY OCCU	R?	ore city, give and			
Σ	OF INJURY	(Month) (I	Doy) (Yeor	·) (Hou		E.INJURY OCCURRED		22F. HOW DID	INJURY OCC	:UR?			
	(APPROX.)						WHILE CORK						
	23.			-	7								
		tify that I h		nquiry L	_		topsy 📙		n this basis	, death in my	plnlon		
	resu	Ited from: N	laturol cau	505 X	A	coldent L Suicio	le L	lomicide L		Ined monner L	1		
	ACTUA	1	11	31	1	10.		CHIEF MEDIC		HTTP3		DATE SIG	NED
	SIGNAT	TURE	-111	read	RI	M.D. M.D	. ASS	ISTANT MEDIC	AL EXAMINER	K			
	NAME ((Type)		Miha		kis, M.D.		OCIATE MEDIC			uary :	18, 19	70
REA	BURIAL CRE	clfy)	248. DATE			. NAME of CEMETERY			4D. LOCATION		or county		ote)
$\overline{}$	Burial		Jan.21,			altimore Nati			Balti			Md.	
25 A		N 21 19	DEPT.			OF REGISTRAR		FUNERAL DIR			DRESS		
	NAI	144 13	10	3 5 C	, Va	uber M.D.	Ho	ward K.	Mc Comas	& Son,	Abingo	don, M	d.
VS I	51.DEV 3/1/4				- /			13					

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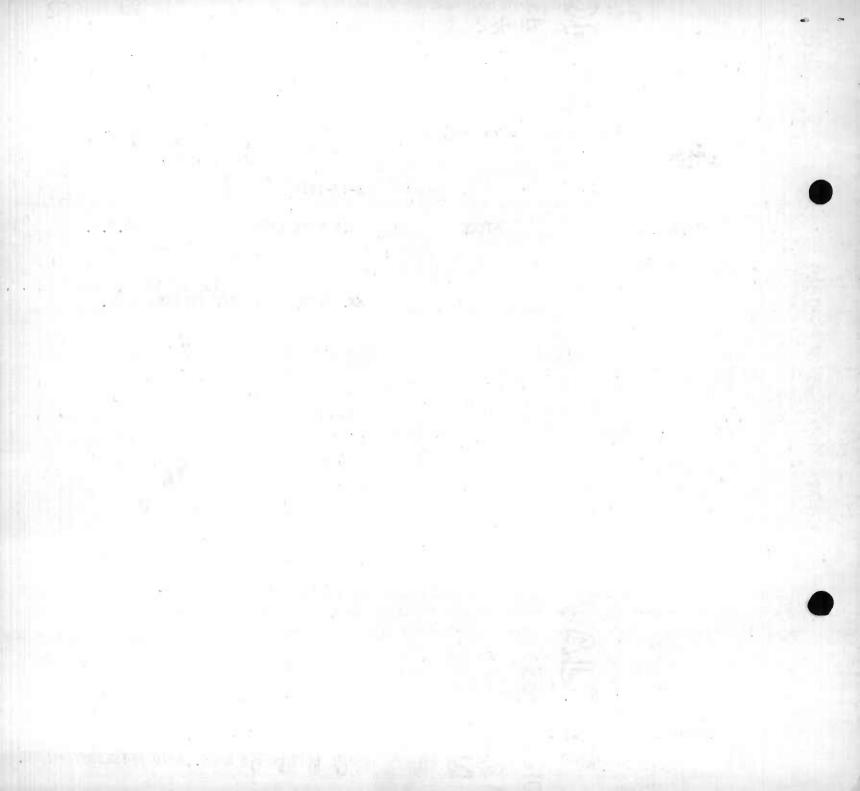


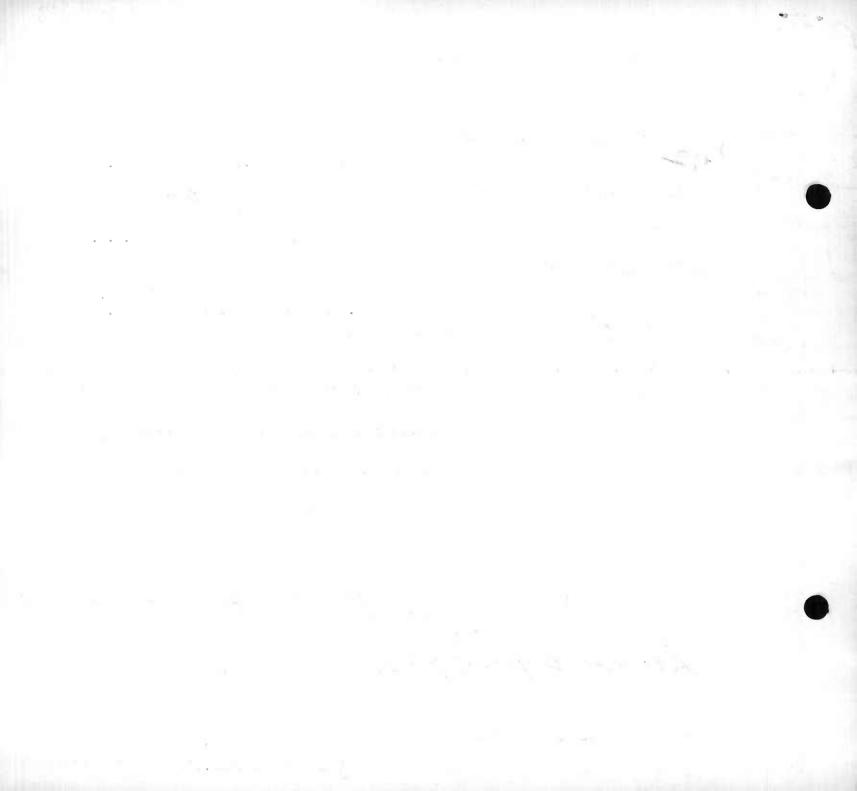


	140 /	0000	BALTIMORE CITY	HEALTH DEPARTMENT		70 00004
BIRTH NO.		00681	CERTIFICA	TE OF DEATH	REG. NO	70 00081
I. NAME OF DEC		LASSNER		2. DATE	S-70	1720 PM
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONC	UN CED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If	institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITUTION)	IUTION, GIVE STREET	MARY LAND CCITY OR TOWN		SIDE CITY LIMITS?
90 BELVE	EDERE NURSING	HOME		BALTIMORE E. STREET AND NUMBER 3500 PARK		YES NO NO NUE #21215 1513
FEMALE	6. RACE WHITE	WIDOWED		8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of HOUSEWI	working life, even if retired)	AT H		PHILADELPHIA		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAP	ME			14. MOTHER'S MAIDEN N	IAME	
LEOPOLD	ROSEN			ROSA	?	
5. Was Deceased Yes, no or unknown)	Ever in U. S. Armed Ford Of yes, give war ar dote:	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18.			CAUSE OF DEAT	MR. MITCHELL (GLASSNER, 3500	O PARK HGHTS. AVE. #15
heort failure, injury ar cam DISEASES Of ise to the UNDERLYING OTHER SIGNIF	of meon the made of asthenia, etc. It means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION last. II ICANT CONDITIONS COME BUT NOT RELATED TO THOMONION GIVEN IN PARI	the disease, deoth.) Iny, giving stating the VIRIBUTING IE TERMINAL	Mela DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:	esione of t	elem Sev. years
19A-DATE OF	OPERATION 198 CONI WAS PERF	ORMED	WHICH OPERATION	20A. AUTOPSY? (Yes of	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBU	IT WAS UNDERLYING THING CAUSE OF medical examiner	21 B horn etc.	ne, form, factory, street, of	n or about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimo	ore City, give exact location)
21D.TIME OF INJURY (APPROXI	(Month) (Doy) (Yoot)	Wh		21f. HOW DID I	1/	
that (I) (we)	that (I) (th is hospita l) last saw the deceased from the causes state	d alive on_	1/9	19 70 and		Intan death occurred an the date
23A. SIGNATU	RE	1/-0	Deck			238 DATE SIGNED
23C. PHYSICIA NAME (T)	oriard 1	95	DEGREE Phys	23D. ADDRESS	Shaff Phys.	1-15-70
	LEONARD K		DEGREE	11 SLADE AVEI	vuE	
REMOVAL (S BURIAL	MATION, 248. DATE 1-18-70		AME OF CEMETERY OF CRE		ALTIMORE, MAI	RYLAND
SA. DATE ALC'D		258 NAME	SEL MD	SOL LEVINSO	BROS.,60	10 REISTERSTOWN ROAD



BALTIMORE CITY HEALTH DEPARTMENT





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3/15 The state of the s

THE PROPERTY.

There is 2/THo

258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

LEVINSOM & BROS., 6010 REISTERSTOWN RD.

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and aren ford . Kessi Adades .

6-635

70 00688 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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70		ba	X

BIRTH NO.			MED	ICAL	. E.A.	AMIINEK 3	JEK I IFI	CATEO	DEAT	REG. NO.	10		CO
1. NAME OF DECEASED					2. DATE	Known 🔲	Month	Doy	Үеог	Hour			
(Type or Pri	SRAEL	XXXX.	GORI	OON			DEATH	Estimoted [
			RYLAND, W	HERE PR	ONOU	NCED DEAD	3. DATE		Month	Doy	Yeor	Hour	м.
FULL NAME HOSPITAL	OF	(IF NO	TIN HOSPITA	L OR INST	MOITUTIO	, GIVE STREET	PRONO	UNCED DEAD	1	18	70	12:3	O D
OR INSTITUT	ION	ADDRE	.33 OR LOCA	IION			5. USUAL R	ESIDENCE (Whe	re decessed liv				
00	220	4 E. I	Lombard	St.			A. STATE	Mel.		B. COUNTY	1 00.00 0.000 0	Crore com	23.0.17
6. SEX	7	RACE		B. MARR	IED 🗌	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	F .	
Male		Whi		WIDOW	/ED 🖾	DIVORCED		Balto.		YE	s 🖾 :	NO	
9. DATE O			10. AGE (In			r 1 Yr. If Under 24 Hrs. Doys , Hours , Min.	E. STREET	ND NUMBER					
1-15-			76				220	4 E. Lom	pard St.			105	
11. BIRTHPL		te or loreig	n country)			IZEN OF	13. FATHER	SNAME					
POLA					u	S.A.		HON GORDO					
14A.USUAL	OCCUP/	TION (Give	e kind of work	4B. KIND	OF BU	SINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	AME				
		CLOTHI		SEWIN	NG F	ACTORY	UNKN	OWN					
16. WAS DE	CEASED	EVERIN	U.S. ARMED	FORCES	? 17	7. SOCIAL	IB. INFORM	MANT		AD	DRESS		
YES	iknown) (I	t yes, give w	vor or dotes	ot service)		SECURITY NO.	MRS. B	ENJAMIN 1	RANKLE.	3909 B	ANCROF	T RD.	#15
19.	12	24				CAUSE OF DEA					API	PROXIMATE IN	NTERVAL
	ISFASE	OR COND	ITION DIREC	TIV		Arteriosc1	erotic	cardiova	ecular o	dieasea	BETW	EEN ONSET A	ND DEATH
		ADING TO		.111				cararova.	oculai (Tecase			
(This	does not	me on the	mode of dyl	ng, e.g.,		(A)IMMEDIATE O	AS A CONSEQ	UENCE OF:					
injury	or comp	licotion which	It meons the choused dea	th.)									
DISE	ASES OR	CONDITION	ONS IF ANY	GIVING		(B) DUE TO, OR	AS A CONSEC	DIENCE OF					
RISE	TO THE	BOVE CAL	USE (A) STAT	ING THE		502 10, 0K	A3 A 00113E1	CENCE OI.					
Z	EXETING	CONDIII	ON LASI.			(c)							
Ĕ au			11										
O TO THE	HE DEAT	H BUT NOT	RELATED TO	THE TERMI	ING NAL								
DISEA			GIVEN IN PA			***************************************							
CERTIFICATION OF THE CATION OF	AIE OF C	PERAHON	1 SOR. COV	IDITION	FOR WI	ICH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes o	or No)
												10	981
15		OR CON			22B. PLA home, fo	CE OF INJURY (e.g., orm, foctory, street, office	in or obout 2	2C. WHERE DID	(Il in Boltimore	City, give exoc	t location)	7.7	
DIING	CAUS	E OF DEA											
≥ 22D. TI	IME (M URY	onth) (D	oy) (Yeor)	(Hour		INJURY OCCURRED	2	2F. HOW DID II	NJURY OCCU	R?			
(APPRO					m. WHI		ORK						
23.				_	_								
	l certify	that I he	eld on Ir	iquiry L	1	spection K Aut	top sy	ond that on	this basis, o	deoth In my d	pinlon		
	resulte	from: No	otural cous	es X	Acci	ident 🔲 Svicld	e Ho	micide 🗌	Undetermin	ed monner			
			Ont	1				HIEF MEDICAL	EXAMINER	X			
1	CTUAL GNATUR	E //	100	iste	w	M.D.	ASSIS	TANT MEDICAL	EXAMINER			DATE SIGN	NED
EXAMINER'S ASSOCIATE MEDICAL EXAMINER													
N/	AME (TYP	e) F	Russell	. S. 1	Fish	er, M.D.	7030	CIAIL MEDICAL	- COMMITTEE		1-	19-70	
24A. BURIA REMOVAL	(Specific)	TION, 2	4B. DATE		24C. I	NAME of CEMETERY	or CREMATO	RY 24D	LOCATION	(City, town,	or county)	(Sto	te)
BUR			1-20-70)	T7	EMECH ZEDEK		R	ALTIMORE	E. MARYL	AND		
2SA. DATE				25B. N	AME OF	REGISTRAR	25C. F	UNERAL DIRECT	OR		DRESS		
	AN 2	1 197	1 Pale			ey M.D.	SOL	LEVINSON	& BROS	. INC.		170 0	101+
				1				6010 R	EISTERS	TOWN ROA	W, BA	LIU. 21	1215

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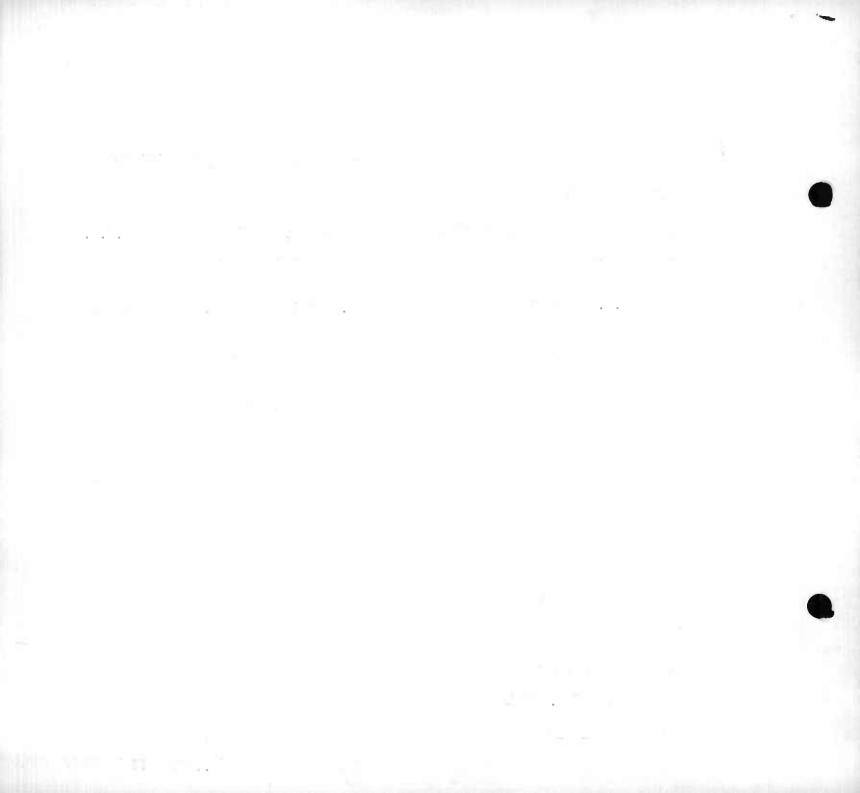
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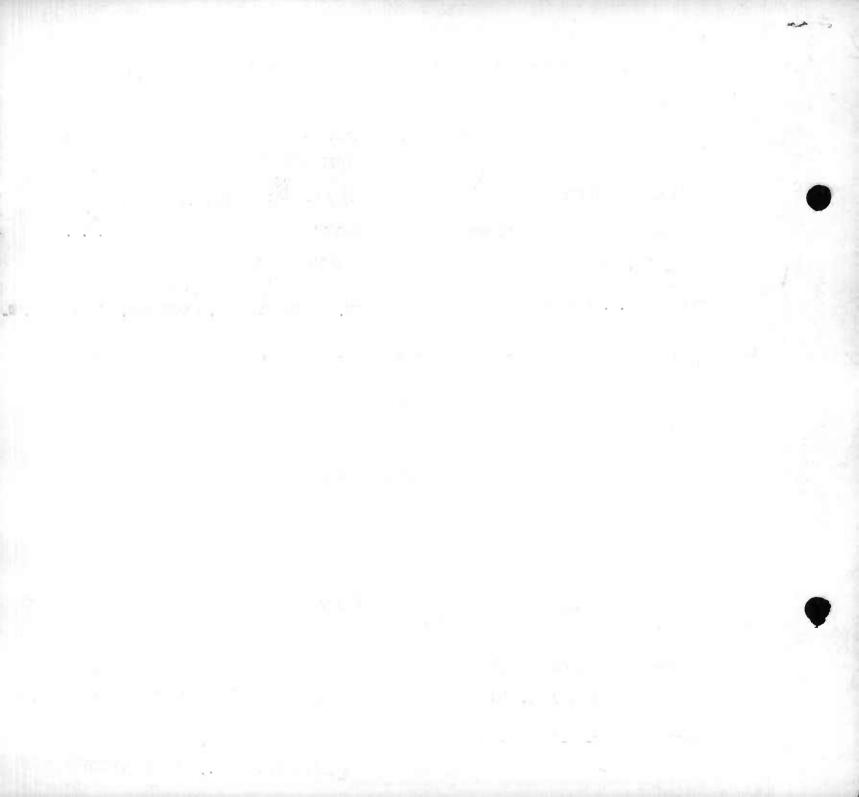
BALTIMORE CITY HEALTH DEPARTMENT

REG. NO	10	.]	9689

BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	1000	
1. NAME OF DECEASED (Type of Print) 2. DATE AND HOUR OF DEATH					
Julius Schu	iantz .		1/18/70	1 845 PM	
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If inst	titution: residence before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	to	E CITY LIMITS?	
1 pundala Holm H	ome + Infirming	BALTO		YES NO	
LEONOTIC TISSUNT	OMA + INIMA	E. STREET AND NUMBER	6970 ITEI	DODECT DOAD	
	V	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXX 2720	
	RIED NEVER MARRIED	8. DATE OF STRTH		If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.	
	WED DIVORCED	1) - / (-VVY 12)	VY VOV E /	Num.	
10A. USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (Stote or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?	
OPERATOR PA	RKING LOT	BALTIMORE, MAR	YLAND	U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM			
WOLFE SCHWARTZ		BESSIE	?		
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of sen	SECURITY NO.	17. INFORMANT		ADDRESS	
YES W.W. II ARMY		MRS. ESTHER SCH	WARTZ, 6929	FIELDCIE ST ROAD	
18.450 XI	CAUSE OF DEATH	H	-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		01511		/	
(This does not mean the mode of dying.	(A) IMMEDIATE CAU		V5	Minit	
heart failure, asthenia, etc. If moans the dis- injury or complication which coused death.	oase,	A CONSEQUENCE OF:			
ANTECEDENT CAUSES		Bel			
DISEASES OR CONDITIONS, if ony, gi	(B)	A CONSEQUENCE OF:	180	100000000	
nse la the abovo cause (A) stotina	the	A CONSEQUENCE OF:		·	
UNDERLYING CONDITION last.	(c)	***************************************		***************************************	
Z OTHER SIGNISIS AND SOMETIME CONTRIBUTE	10 1/	1 0 1		1	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	NAL PLUTTI	of solveross		years	
O DISEASE OF CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES WEDE EIN	IDINOS CONSIDERED	
WAS PERFORMED			IN CERTIFYING CAUS		
OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	ice bldg. INJURY OCCUR?	(If In Boltimore (City, give exact location)	
OF INJURY (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?		
(APPROX)	While At Not While At Work	1			
22. I certify that (I) (this hospital) attended the deceased fram 7 /20 19 6 ta //8 19 70					
that (1) (we) last saw the deceased alive	an	19 20 and tha	t in (my) (aur) spinic	in death accurred an the date	
and hour and fram the causes stated abave. (1) (We) (did) (did not) view the hady after death.					
23A. 5[GNATURE 23B. DATE SIGNED					
Ella Sholan	DEGREE Phys.	ding Med. S	haff hys.	1/18/20	
23C. PHYSICIAN'S NAME (Type)	2:	3D. ADDRESS		17.0/70	
ELLIS S. CAPL		Sina H	locp. to 1		
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CREA	MATORY 24D. LO	CATION (City.	town, or county! (State)	
BURIAL 1-20-70	HEBREW YOUNG MEN	BALT	IMORE, MARYL		
25A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR				
JAN 21 1970 Res E	Fabel MD 1	SOL LEVINSON, &	BROS.,6010	REESTERSTOWN ROAD	

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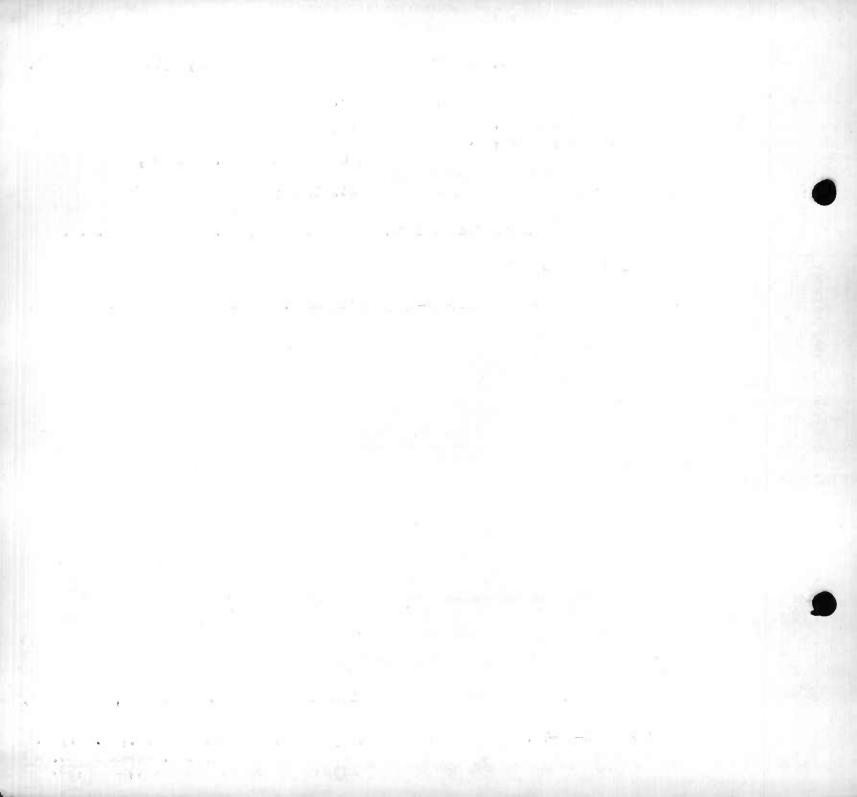
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BALTIMORE CITY HEALTH DEPARTMENT

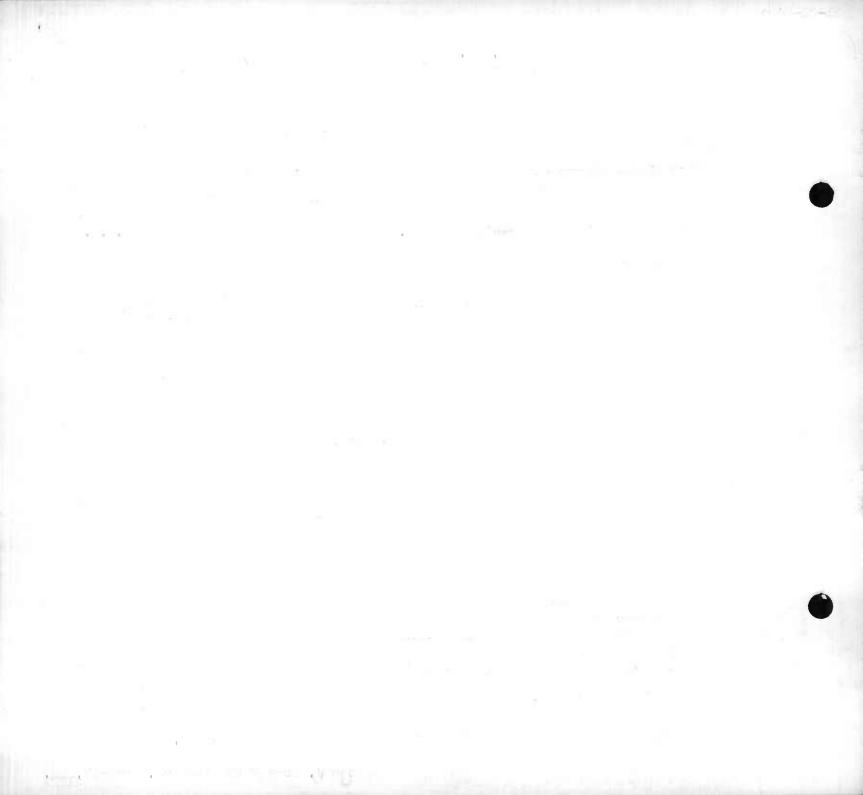
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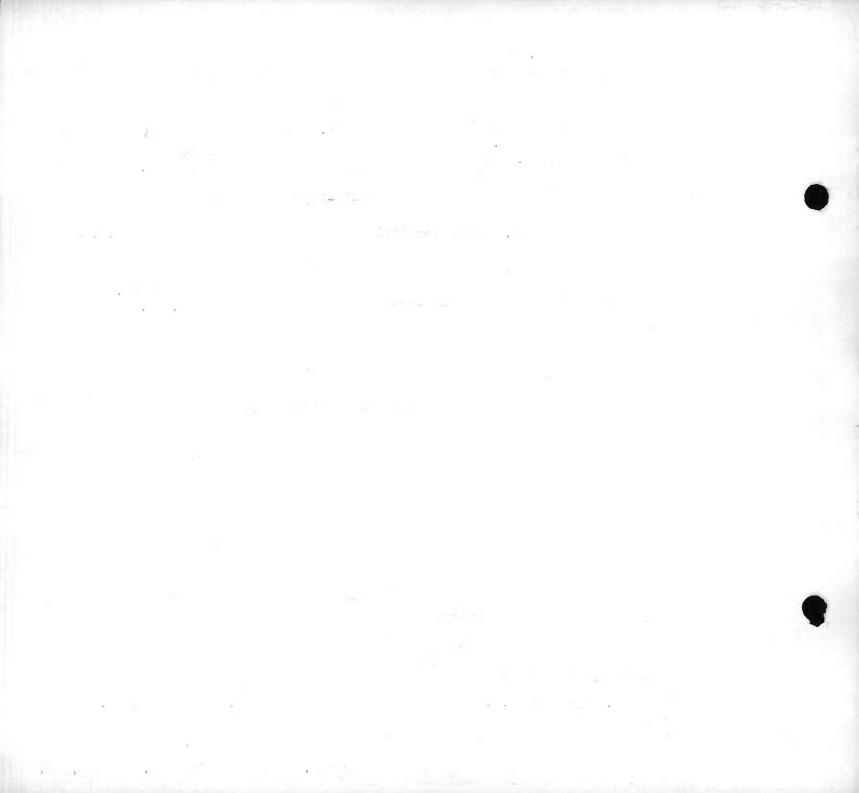
BIRT	H NO.	0 0000	CERTIFICA	TE OF D	PEATH	KEG. NO	70 3001
	ME OF DECEASED	E.L.			2. DATE AN	ND HOUR OF DEATH	
	ACE IN BALTIMORE MARYLA	ARIES J.	WEMEC		IDENCE (Whe	uary 17, 19	70 2:00 P. M
				A. STATE	B. COUN	117	
HO:	PITAL OR ADDRESS OF	HOSPITAL OR INSTIT	TUTION, GIVE STREET	c. CITY OR TO	WN	D INICI	DE CITY LIMITS?
11421	4800 Hami	lton Ave.		Baltimo		D. 1143	YES NO
	Baltimore	, 21206,1	ld.	E. STREET AN			1.23 1.10
C				4800 Ha	amilton	Ave. # 212	06, 263
5. SE	X 6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BI	RTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
34	ale White	WIDOWED	DIVORCED _	Oct.21,	,1905	64	
	USUAL OCCUPATION (Give kind		F BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
done	during most of working life, even if r		Chamical Co.	B-74	t d mana	MA	TT C A
13. F	ATHER'S NAME	Daugn	OHENTGET OO.	14. MOTHER'S	MAIDEN NA	4	U.S.A.
				I WOULD S	WAIDEN NA		
	Charles Ne				Mary 1	Kafka	
15, W (Yes,	os Deceosed Ever in U. S. Am no or unknown) (If yes, give wor	ned Forces? or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMAN	T		ADDRESS
	No -		212-05-8343	Mildred	I T. Nei	mac	Samo
	B. 1 10 7 1		CAUSE OF DEAT				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	LEADING TO D (This does not mean the man heart failure, asthenia, etc. It injury or complication which and the complication which and the complication which are the complete of the complete	ode of dying, e.g., meons the diseose caused death.) AUSES S, if any, giving (A) stoling the	(B) DUE TO, OR AS		ICE OF:	lead flin	465 6 m5.
AT	O THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN PA-DATE OF OPERATION 191	IN PART 1 (A).			PSY? (Yes or No		FINDINGS CONSIDERED
E(W	AS PERFORMED				IN CERTIFYING CA	USES OF DEATH?
4	OF A ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF COMMENT COMMENTS COMMENT	DF hor	B. PLACE OF INJURY (e.g., ne, form, factory, street, o			(If In Boltimor	e City, give exact location)
- u	PID. TIME (Month) (Day) DF INJURY	(Year) (Hour) 218	INJURY OCCURRED	21 F. H	OW DID INJ	URY OCCUR?	
> 1	(APPROX.)		hile At Not Whi	le 🗍			
	22. I certify that (I) (this ha			1	2	19 69 to	1-17 19 70
	hat (1) (we) lost sow the de		/ /	19_7	11	,	nion death occurred on the dots
	and hour and from the couse	s stated above. (I) (We) (did) (did not)	view the body	ofter deoth.		
1 1	3A. SIGNATURE	1/0					23B, DATE SIGNED
	Honley ().	Klyan	ory OEGREE Phy		Med. Director	Shaff Phys.	1-19-10
1	NAME (Type)		J. Sedner	23D. ADDRESS	och Berry	Da D-74	
	NAME (TYPE)	. K'LLJANOW	102	OTST 1%	OCH WINA	en Rd. Balt:	imore, Md/
24A.	BURIAL CREMATION, 24B, DAREMOVAL (Specily)	ATE 24C.N	AME of CEMETERY or CR				in, town, or county) (Stote)
24A.	BURIAL CREMATION, 24B. DA	• KILIJANOW ATE 24C. N 20-70 •		EMATORY	24D. L	OCATION (C)	





	BALTIMORE CITY	HEALTH DEPARTMENT	1	70 00693.
		TE OF DEATH	REG. NO	10 1033.
1. NAME OF DECEASED Mike Budash, St. (Type or Print) Mike Budash, St. Budash	6	2. DATE	IND, HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (WH	iere deceosed lived. Il i	nstitution; residence below admission
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION	ON, GIVE STREET	Maryland B	altimore	
BALTIMORE CITY HOSPITALS		Dundalk	D. INS	YES NO A
4940 Eastern Avenue		E. STREET AND NUMBER		TES NO Z
Baltimore, Maryland 21224		7847 St. Gre	gory Drive	21222 5 3 6 6
	NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. If Hades 24 Her
Male White WIDOWED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BU	DIVORCED	12-28-81	9. AGE (In years lost birthdoy) 88	Months Days Hours Min.
done during most of working life, even il retired)	Coal Co.	Poland	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Mike Budash		Anna ?		
(Tes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT	4940 Easte	ADDRESS ern Avenue
18.	CAUSE OF DEATH	BCH: Records	Baltimore.	Maryland 21224
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATE			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
LEADING TO DEATH		A Disa	1 Pasa 1	10
(This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	1 (ce) PI da	touj
heart foilure, asthenia, etc. It means the disease, injury or camplication which coused deoth.)			Arres	
ANTECEDENT CAUSES		no. 1	1	30.
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	vy as see	ise sogs
rise to the above cause IA) stoting the		CVD	,	2 "
UNDERLYING CONDITION lost.	(c) / T ·)			
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL JOISEASE OR CONDITION GIVEN IN PART 1 (a).				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or N	ol 208 IF YES WEDE	FINDINGS CONSIDERED
DIPA. DATE OF OPERATION 198. CONDITION FOR WHI		20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	CE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Bollimor	re City, give exect location
DEATH (notify medical examiner) home, (etc.)	orm, loctory, street, offi	ce bldg., INJURY OCCUR?	,	
21D. TIME (Month) (Doyl (Year) (Hour) 21E, IN.	URY OCCURRED	21F. HOW DID IN	TURY OCCUR	
S OF INJURY (APPROXI	Not While		TONI OCCURI	
Work	- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
22. I certify that (1) (this hespital) attended the c	leceased from	1/15	19 <u>70</u> to	1/18 19 70
that (1) (we) lost saw the deceased alive on	417	19	hat in (my) (our) opl	nian death accurred on the date
and hour and fram the couses stated above. (1) (4	(ald not) vl	ew the bady after death.		
23A. SIONATURE	244			23B, DATE SIGNED
tout DMElue	DEGREE Phys.	ding Med. Director	Staff Phys.	1/18/20
23C.PHYSICIAN'S	DEGREE	BD. APPRESSIMORE CI		
NAME (TPACK McCue M.D.				
24A. BURIAL CREMATION, 24B. DATE 24C.NAME REMOVAL (Specify)	of CEMETERY OF CREA	MATORY 1245		imore, Maryland 2122
Burial 1/21/70 Sacre	ed Heart of		Baltimore,	
Laurad dama Oliv	• • •	25C. FUNERAL DIRECTO	R 17022 Ltd A	ADDRESS Trandalls Md
\$ 150-REV. 1/1/68	Sen MD	Jacket S. mirgs	TYLL WISO A	ve. Dundalk 21222

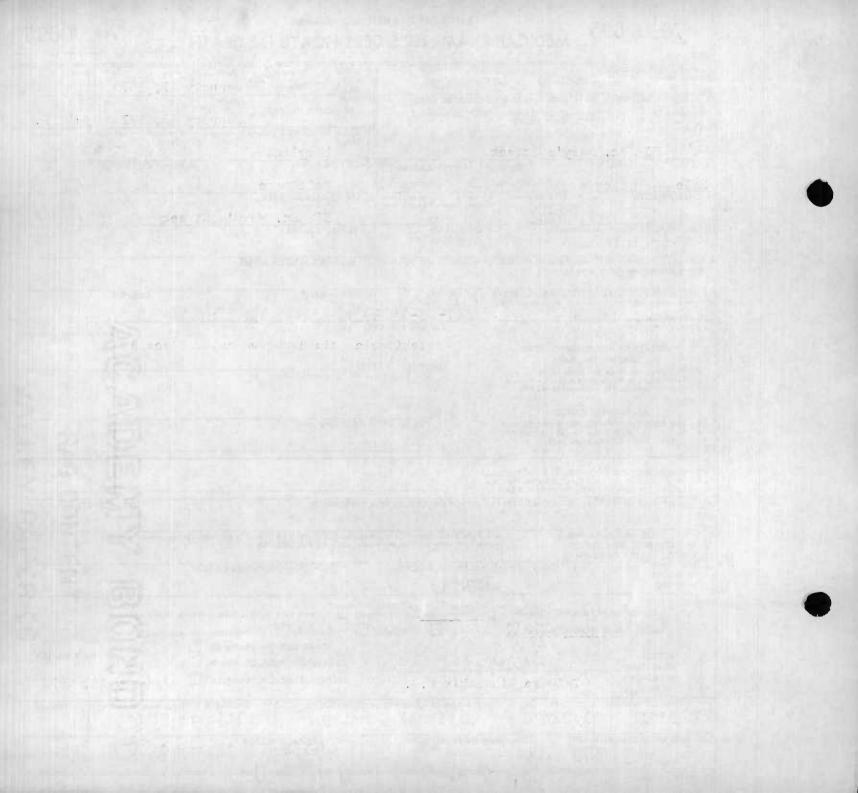




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711	10	110695

70 90695 BALTIMORE CITY HE	EALTH DEPARTMENT					
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.					
BIRTH NO.						
1. NAME OF DECEASED (Type or Print) MONROE WALKER	2. DATE Known Month Day Year Hour					
	DEATH Estimoted January 17, 1970 M.					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy Year Hour PRONOUNCED DEAD					
HOSPITAL ADDRESS OR LOCATION)	January 17, 1970 6:28 P. M.					
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY					
576 St. Mary's Street	Maryland					
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C: CITY OR TOWN D. INSIDE CITY LIMITS?					
Male Negro WIDOWED DIVORCED	Baltimore YES NO					
9. DATE OF BIRTH 10. AGE (In years H Under 1 Yr, If Under 24 Hrs. lost birthday) Months Days Hours Min.	E. STREET AND NUMBER					
60	576 St. Mary's Street					
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME					
Virginia U WHAT COUNTRY?	?					
144.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME					
done during mastern erking life, even if retired)	?					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown))(if yes, give wor or dates of service) SECURITY NO.	18. INFORMANT ADDRESS					
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 220-03-193	7 MRS FAYE COOPER, SAME					
119. CAUSE OF DEA						
4/8/9	sclerotic cardiovascular disease					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	cterotic cardiovascular disease					
(A)IMMEDIATE	CAUSE AS A CONSEQUENCE OF:					
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF					
ANTECEDENT CAUSES (8)						
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:					
Z UNDERLYING CONDITION LAST. (C)						
Z (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
DISEASE OR CONDITION GIVEN IN PART 1 (A).						
20A DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)					
	No					
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in or obout 22C. WHERE DID (II in Boltimore City, give exact location) se bldg., etc.) INJURY OCCUR?					
UNDERLYING OR CONTRIB- home, form, foctory, street, office UTING CAUSE OF DEATH.	is blug, etc.)					
OF INJURY (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?					
(APPROX.) WHILE AT NOT	WHILE					
23.						
I certify that I held an Inquiry Inspection X Au	ond that on this basis, death in my opinion					
resulted from: Natural couses Accident Sulci	de Homicide Undetermined monner					
/ YA // //	CHIEF MEDICAL EXAMINER					
ACTUAL MUST ACTUAL ACTU	ASSISTANT MEDICAL EXAMINER X					
SIGNATURE M.D. ASSOCIATE MEDICAL EXAMINER Tanuary 18 1970						
NAME (Type) ISINGTE MIMITARIS M.D.	ASSOCIATE MEDICAL EXAMINER LJ January 18, 1970					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY National (The state of the s					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR						
JAN 21 1970 Pas & E. Jaiben 125	Adolphus Halstead 1206 W orth AV					
VS 151-REV. 1/1/68	70093					

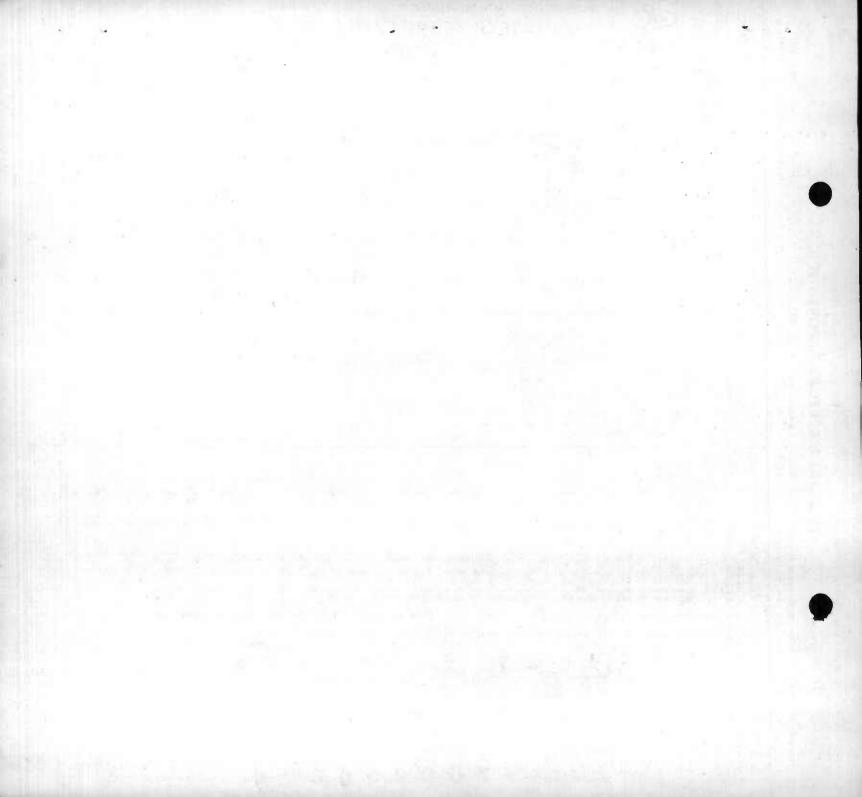


IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



My Discour UNION MEMIRIAL HOSPITHE BALTIPECIE 4709 PILERIM RUAD PEMALE WHITE × 6-17-cc 64 HARYLAND U. HOLLEWIRE WILLIAM BISCOE MARY TRICE 61 THE LAW STANDARD STANDARD CHRONIE KREMIE - FARERIA ANEMIA DIE 17 SLEESING WILLES JECONS BUELLINE WEST FAILURE 1480C FRTTA :00 00 20. alun 40. 7 P MIKELS 4147



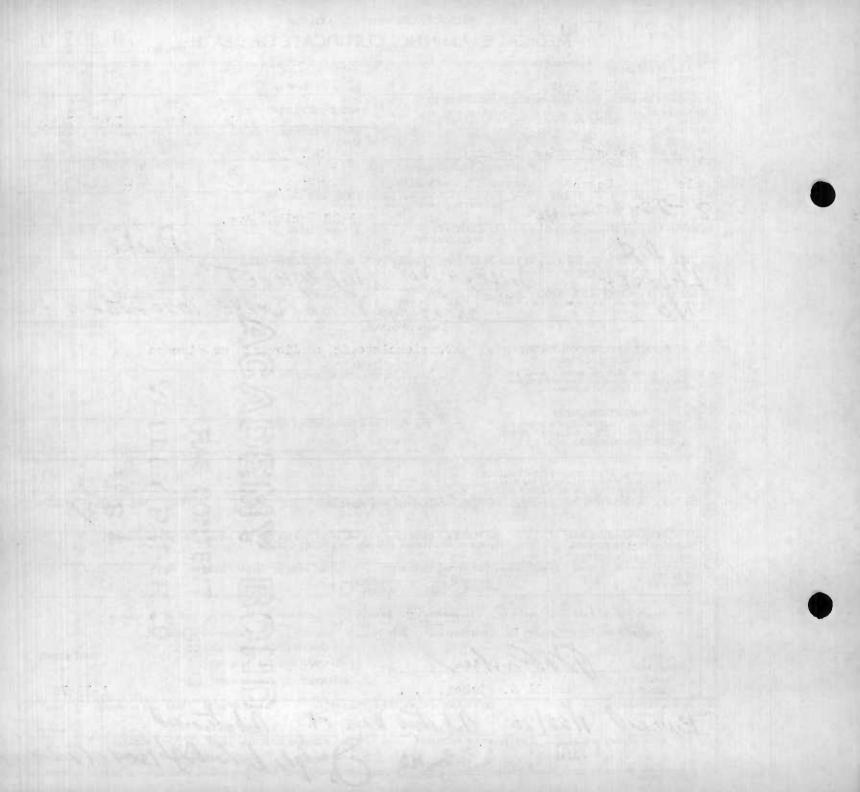


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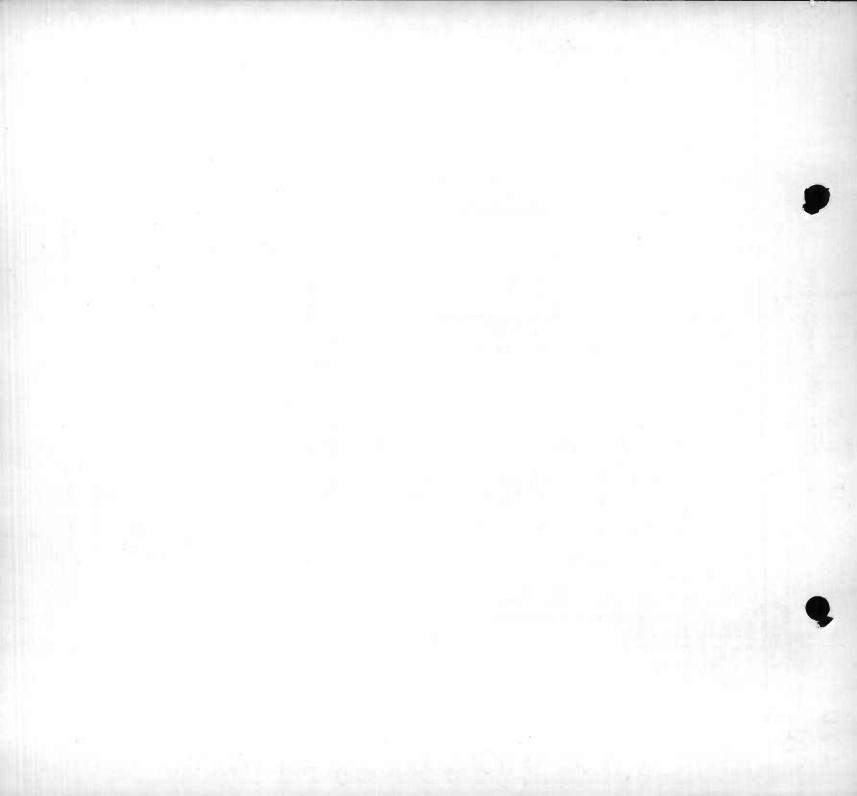
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DALIMONE CITT	ICACIII DEI ANIMEIAI	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	REG. NO. 70 00700

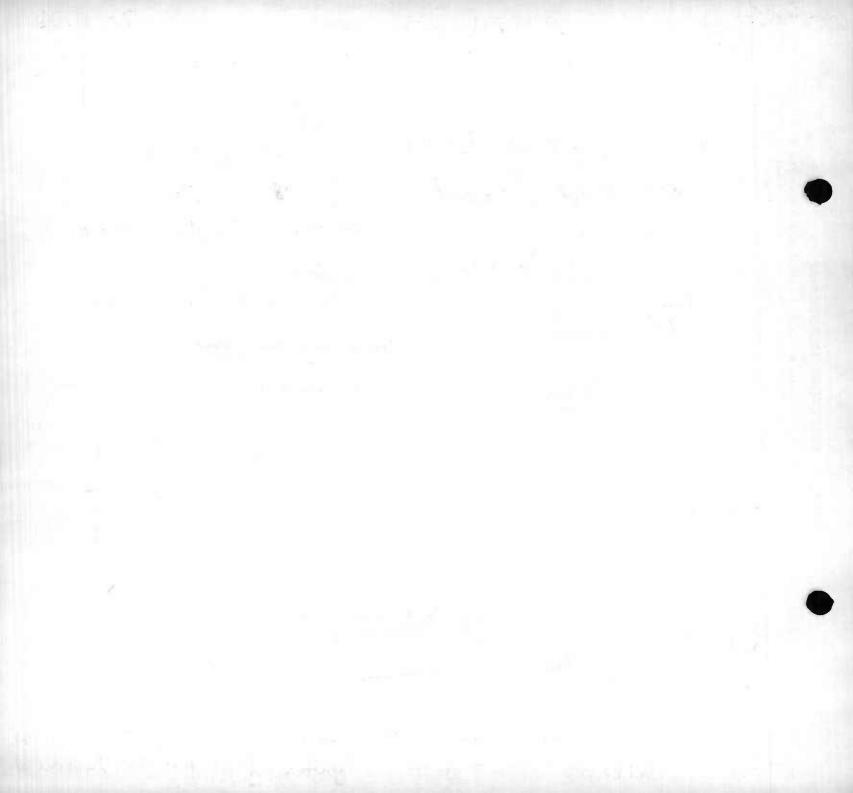
PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD PRONOUNCED DEAD JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET ADRESS OR LOCATION) SEX 7. RACE 6. MARRIED NEVER MAR	NAME OF DECEASED	2. DATE Known Month Doy	Yeor Hour
PLACE IN SALIMORE, MARYLAND, WHERE PRONOUNCED DEAD ADDRESS OR IOCATION) JOHN How The pronounce of th	MOREY DRAKE	OF DEATH Estimoted	M.
JOHNS HOPKINS HOSPITAL S. USUAL RESIDENCE (Where discussed lived. Bi instrument residence before adminisor) S. USUAL RESIDENCE (Where discussed lived. Bi instrument residence before adminisor) S. USUAL RESIDENCE (Where discussed lived. Bi instrument residence before adminisor) A. STATE Md. S. COUNTY A. STATE Md. S. COLYPORTOWN DATE OF BIRTH III Under 1 fr. III Under 2 th Hospital III Under 1 fr. III Under 2 th Hospital III Under 1 fr. III Under 2 th Hospital III Under 1 fr. III Under 2 th Hospital III Under 1 fr. III Under 2 th Hospital III Under 1 fr. III Under 2 th Hospital III Under 1 fr. III Under 2 th Hospital III Under 1 fr. III Under 2 th Hospital III Under 1 fr. III Under 2 th Hospital III Under 1 fr. III Under 2 th Hospital III Under 2 th Hospital III Under 1 fr. III Under 2 th Hospital III Under 1 fr. III Under 2 th Hospital III Under 1 fr. III Under 2 th Hospital III Under 2 th Hospital III Under 1 fr. III Under 2 th Hospital III Under 2 th Hos	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	
S. ISSUAL RESIDENCE (Where descreted lived. I Institutions residence before administration) S. S. JOHNS Hopkins Hospital S. County Market Date of British Area Stackase or County Disease or County Disease or County Date of British S. County Market Date of British Area Stackase or County Disease or County Date of British S. County Market Date of British Area of County Date of British S. County Market Date of British Market Date of British S. County Market Date of British Market Date of Briti			70 7 4
JOHNS HORLINS HOSPITA1 SEX 7: RACE 5: MARRIED NEVER MAR	R INSTITUTION		
SEX 2.4 RACE S. MARRIED NEVER MARRIED NOTE OF DIVORCED DATE OF BIRTH NOTE OF BIR	2 2	A. STATE B. COUNTY	Transfer de la constantina
ADJECT OF BIRTH 10 AGE Investigation 10			
DATE OF BIRTH 10. ACE (In year) 10. ACE (B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
DATE OF BIRTH ID. ADE (in year) Birther Note Birther 17t, Il Under 22 Hrs. Min. 1020 Rut Land Ave.	Male Negro WIDOWED DIVORCED	Balto. YE	s 妃 NO 🗋
BIRTHPLACE (stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? AUSUAL OCCUPATION (Give with of about) 148. KIND OF WHAT COUNTRY? WAS DECEASE OF CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH ATTERIOR COUNTRY (Pin or an order of diving, 6.4, heart foliate, e.g. there is the diverse, ladver or created of diving, 6.4, heart foliate, e.g. there is the diverse, ladver or created of the property of th			00 - 00
12. CHIZEN OF WHAT COUNTRY 13. CHIZEN OF WHAT COUNTRY 14. CHIZEN OF WHAT COUNTRY 15. MOTHER'S MANNE 16. MOTHER'S MANNE 17. SOCIAL 18. INFORMANI 18. INFORMANI 18. INFORMANI 18. INFORMANI 19.	3 -20-90 lost pirindon Months; Doys; Hours; Min.	1020 Putland Ann	808
ALSUAL OCCUPATION (Give lind of world 16. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. AR MED FORCES? 17. SOCIAL 17. SOCIAL 18. INFORMANT 10. OR NOTHING 19. OR	BIRTHPLACE (State or foreign country) 12. CITIZEN OF		/
The Burding most of working life, aven directived by the Company of the Company o		1 4/1	100
The Burding most of working life, aven directived by the Company of the Company o		. 1111	12
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MEDICAL	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, ise to the above couse (A) stofi UNDERLYING CONDITION [ast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE TERM TO THE	giving ng lhe GUTING RAMINAL IN FOR WHICH OPERATION ED 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 218. INJURY OCCURRED While AI Not While At Work ended the deceased from Ove an O/- 20	20A-AUTOPSY? (Yos or No) NO O O O O O O O O O O O O O O O O O	208. IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH? e City, give exoct locotion)
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MEDICAL	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, ise to the above couse (A) stofi UNDERLYING CONDITION [ast. OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TERDISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION WAS PERFORM PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION OF CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doyl (Year) (Hotor INJURY (APPROX.)) 22. I certify that (I) (this hospital) ofte that (I) (we) last saw the deceased oil and haur and fram the causes stated at 23A. SIGNATURE JASUMASA YAMASAK	giving ng lhe (c) HYPERTE BUTING RMINAL I. N FOR WHICH OPERATION ED 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) While AI Not While At Work ended the deceased from Over an Ol- 20 bave. (I) (We) (did) (did nat) victorial and other pages of the pa	20A-AUTOPSY? (Yos or No) NO On or obout 21C, WHERE DID fice bldg. INJURY OCCUR? 21F. HOW DID INJU 19 20 and that lew the bady after deoth. Inding Med. Director P	208. IF YES, WERE IN CERTIFYING CAN (II In Boltimore RY OCCUR? 70 to 01 In (my) (aur) apir	FINDINGS CONSIDERED USES OF DEATH? e City, give exoct location) 19 70 nion death occurred on the da
MEDICAL	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, ise to the above couse (A) stofi UNDERLYING CONDITION [ast. OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TERDISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION WAS PERFORM PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION OF CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doyl (Year) (Hotor INJURY (APPROX.)) 22. I certify that (I) (this hospital) ofte that (I) (we) last saw the deceased oil and haur and fram the causes stated at 23A. SIGNATURE JASUMASA YAMASAK	giving ng lhe (c) HYPERTE BUTING RMINAL (c) HYPERTE (d) HYPERTE (e.g., in the second form of the second form	20A. AUTOPSY? (Yos or No) NO nor obout 21C. WHERE DID fice bldg. INJURY OCCUR? 21F. HOW DID INJU 19 20 and that lew the bady after deoth. Inding Med. Sp. 23D. ADDRESS 33RD AND CALV	208. IF YES, WERE IN CERTIFYING CAN (II In Boltimore RY OCCUR? 70 to 0/ In (my) (aur) apir	FINDINGS CONSIDERED USES OF DEATH? City, give exoct location) 19 70 nlon death occurred on the da 238 DATE SIGNED 01-20-70
WEDICAL	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, ise la the above couse (A) stofi UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TERDISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Doyl (Year) (Horder Control of the Cont	giving ng lhe (c) HYPERTE BUTING RMINAL (c) HYPERTE BUTING RMINAL (c) HYPERTE BUTING RMINAL (d) OPERATION ED 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) While At Work Pended the deceased from Operation (d) Operation (e) Operation (f) Operation (g) Operation (how on	20A-AUTOPSY? (Yos or No) NO nor obout 21C, WHERE DID fice bldg. INJURY OCCUR? 21F. HOW DID INJU 19 20 and that lew the bady after deoth. Inding Med. Director Med. 23D. ADDRESS 33RD AND CALV MATORY 24D. LOG	208. IF YES, WERE IN CERTIFYING CAN (II In Boltimore RY OCCUR? 70 to 0/ In (my) (aur) apir	FINDINGS CONSIDERED USES OF DEATH? e City, give exoct locotion) 19 70 nion death occurred on the do 238, DATE SIGNED 01-20-70 ETS, BALTO, MD

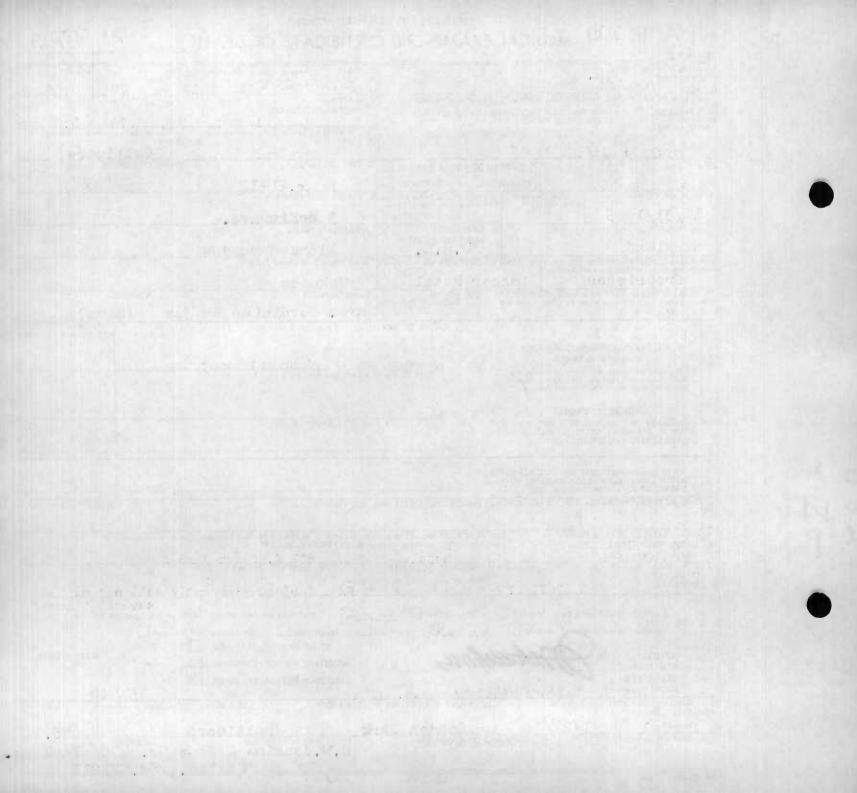
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TALL THE THEORY AND THE TOTAL COLUMN TOTAL CO.

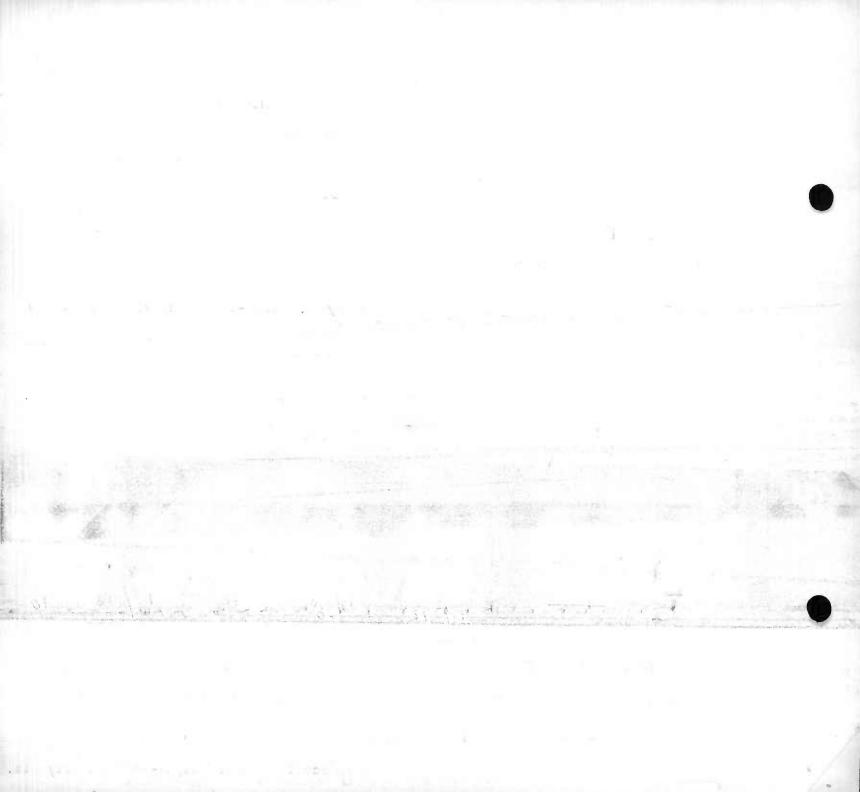
В	717	00708	BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO.	70 00708
	IRTH NO.	10700	CERTIFICA	TE OF DEATH		
(T	ype or Print) John W	inthrop W			18, 1970	1 2 - 2¢ D
FI	PLACE IN BALTIMORE, MARYLAND, 1	TAL OR INSTITUTIO			ere deceased lived. Il in-	titulion: residence before admission
IN	NSIITUIION			Baltimore	D. INSI	YES NO
_	3953 Cloverhill			e. STREET AND NUMBER 3953 Clover	hill Road	
	SEX 6. RACE W.	WIDOWED	DIVORCED	8. DATE OF BIRTH 5-10-1895	9. AGE (In years last birthday) 74	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
do	A. USUAL OCCUPATION (Give kind of woine during most of working life, even if retired) Architect	1		11. BIRTHPLACE (Stole or fore ct Griffin, Geor		U. S. A.
13.	- FATHER'S NAME John W. Wolcott	Sr.		14. MOTHER'S MAIDEN NA Ella Barne		
5. Y e	Was Deceased Ever in U. S. Armed Foes, na or unknawn) (II yes, give war ar dot	es al service)	SOCIAL SECURITY NO. 7-16-3850	Mrs. John	W. Wolcott	Address Same
-	18. 1/ 22 . 0 1		CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DI	RECTLY				& months
	(This does not mean the made of heart failure, asthenia, etc. It means injury ar complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, it rise to the above cause (A) UNDERLYING CONDITION last,	the disease, I death.)	(B) Cerebr	SE Cerebral thr ACONSEQUENCE OF: lef al arterioscler A CONSEQUENCE OF:	c neurbregis	
NOL	11	NTPIRITING	(c)			
F	TO THE DEATH BUT NOT RELATED TO T	HE TERMINAL	None			
ERTIFICATI	TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19A-DATE OF OPERATION 19B. CON WAS PER	HE TERMINAL RT 1 (A). IDITION FOR WHICE FORMED		20A AUTOPSY? (Yes or No) 208. IP YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	OR CONTRIBUTING TICALIER OF	HE TERMINAL RT 1 (A). IDITION FOR WHICE FORMED	H OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH? City, give exoci locotion)
MEDICAL CERTIFICATION	OR CONTRIBUTING TICALIER OF	HE TERMINAL RI 1 (A). IDITION FOR WHICH FORMED 218 PLAC hame, for	H OPERATION CE OF INJURY (e.g., in m., factory, street, affi	20A-AUTOPSY? (Yes or No NO or obout 21C, WHERE DID ice bidg. INJURY OCCUR?	(II In Boltimore	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21 D. TIME (Manth) (Day) (Year) OF INJURY	HE TERMINAL TI (A). IDITION FOR WHICH FORMED 218, PLAC hame, for elc.) (Haus) 218, INJU While At Wark	H OPERATION CE OF INJURY (e.g., in m., faciary, street, affi JRY OCCURRED Not While At Wark	or obout 21C. WHERE DID INJURY OCCUR?	(II In Bolttmore	City, give exocl focotion)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D.TIME (Manth) (Doy) (Yearl OF INJURY (APPROX.) 22. I certify that (I) (THESCHOSENICAL THAT (I) (THESCHOSENICAL	HE TERMINAL TI (A). IDITION FOR WHICE FORMED 21E PLACE hame, for elc.) (Haus) 21E INJU While At Work (I) attended the de eld office on	DE OF INJURY (e.g., in m, faciary, street, affi	or obout 21C. WHERE DID injury occur? 21F. HOW DID INJ	(II In Bolitmore URY OCCUR?	Cliy, give exoci locotion)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D-TIME (Manth) (Doy) (Yearl OF INJURY (APPROX.) 22. I certify that (I) (TEXTINEMENT) that (I) (TEXTINEMENT) 10st saw the decease and hour and fram the couses star	HE TERMINAL TI (A). IDITION FOR WHICE FORMED 21E PLACE hame, for elc.) (Haus) 21E INJU While At Work (I) attended the de eld office on	DE OF INJURY (e.g., in m, faciary, street, affi	or obout 21C. WHERE DID injury occur? 21F. HOW DID INJ	(II In Bolitmore URY OCCUR? To Jamua of In (my) (50) opini	City, give exoci focotion) TY 18 19 70 on deoth accurred on the dote
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D TIME (Manth) (Day) (Yearl OF INJURY (APPROX.) 22. I certify that (I) (TEXTINETIAL OF INJURY (HE TERMINAL TI (A). IDITION FOR WHICE FORMED 21E PLACE hame, for elc.) (Haus) 21E INJU While At Work (I) attended the de eld office on	DE OF INJURY (e.g., in m, faciary, street, affi	or obout 21C. WHERE DID in Jury occur? 21F. HOW DID INJ 21F. HOW DID INJ 21F. HOW deter death.	(II In Bolitmore URY OCCUR? To Jamua of In (my) (50) opini	City, give exoci focotion}
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MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D-TIME (Manth) (Doy) (Yearl OF INJURY (APPROX.) 22. I certify that (I) (DESCRIPTION (I) (MESCRIPTION (I) (MESCRIPTI	HE TERMINAL (TI 1(A). (TI 1(A). (DITION FOR WHICH DITION FOR WHICH FORMED 218 PLAC hame, for elc.) (House 218 INJU White At Work (House 218 INJU White	DE OF INJURY (e.g., in m, faciary, street, affi	20A. AUTOPSY? (Yes or No No No or obout 21C. WHERE DID injury occur? 21F. How DID INJ 21F. How DID INJ 21F. How Did inj 350 and the body after death. ding Med. Director	URY OCCUR? 19	ry 18 19 70 on death accurred on the date 38. DATE SIGNED Jamuary 20, 1970 lto., Md. town, or county) (State) lto. Co. Md
WEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D-TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (DESCENSION of that (I) (May) lost saw the decease and hour and fram the couses stated and hour	HE TERMINAL (TI 1(A). (TI 1(A). (DITION FOR WHICH DITION FOR WHICH FORMED 218 PLAC hame, for elc.) (House 218 INJU White At Work (House 218 INJU White	H OPERATION CE OF INJURY (e.g., in m, faciary, street, affi JRY OCCURRED Not While At Wark Ceased from 19 M127 18 (1003) (did nat) vi Attention Attention Physical Cemeters of CREA	20A. AUTOPSY? (Yes or No No No or obout 21C. WHERE DID injury occur? 21F. How DID INJ 21F. How DID INJ 21F. How Did inj 350 and the body after death. ding Med. Director	URY OCCUR? 19	ry 18 19 70 on death accurred on the date 38 DATE SIGNED Jamuary 20, 1970 lto., Md. town, or county) (State)

I	721 000000	BALTIMORE CITY HEALTH DEPARTMENT	
١	70 110 709	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	70 00709
1	BIRTH NC.	REG. NO.	100

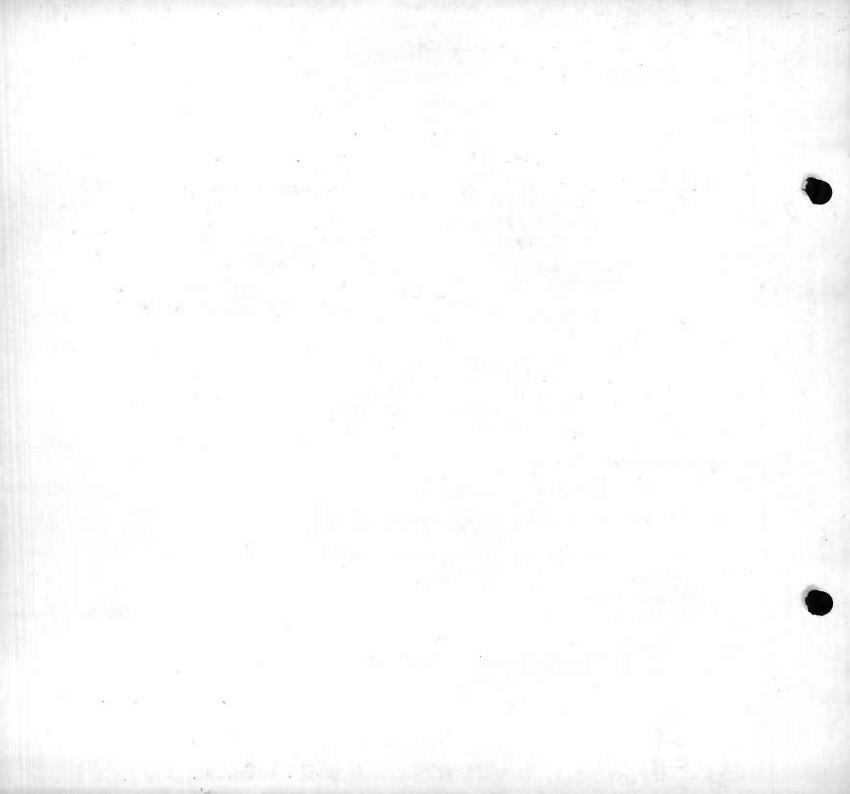
DIRTITIO.	
NAME OF DECEASED H.	2. DATE Known Month Day Year Hour
JOHN BENJES	OF Estimoted [] 1 10 70 205
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) RINSTITUTION	PRONOUNCED DEAD January 19 1970 3.05 p.m.
X 14311011014	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
Mercy Hospital	A. STATE Maryland Baltimore 5
SEX 7. RACE 8. MARRIED DE NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	7. 7.030
DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs.	Balto, 21 212 YES NO DESTRICTION OF THE STREET AND NUMBER
11/31/1905 lost birthdoy) Months : Doys : Hours : Min.	
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	3 McKim Ave.
WHAT COUNTRY?	
Maryland U.S.A.	Richard Benjes
AA.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
Proprietor Anchor Hotel	Unknown
s. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
No.	Mrs. Geraldine Benjes (Same)
19. CAUSE OF DEAL	
EDOTA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE C	AUSE Subdural hemorrhage
	S A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (b)	
	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	A SOUTH OF OIL
C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
	211 / NOI 01 311 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g.,	YES YES
UNDERLYING FOR CONTRIB. home, farm, foctory, street, office	n or obout 22C. WHERE DID (if in Baltimore City, give exact location) bldg., etc.) INJURY OCCUR?
I UTING LI CAUSE OF DEATH. hotel	612 E. Pratt Street
OF INJURY (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	
(APPROX.) 1 2 70?? ? m. WHILE AT WORK AT WO	Subject apparently fell out of bed
23.	
1 certify that I held on Inquiry Inspection Aut	seweral times opsyXX and that on this basis, death in my opinion
resulted from: Natural couses Accident Suicide	
Accident 1524 2016100	
ACTUAL AMERICAN AND AND	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE ////	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Isidore Mihalakis, M.D.	1/20/70
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CEMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stole)
	rk Baltimore Md.
SA. DATE RECIP BY HEARTH PEPT. 126 258, NAME OF REGISTRAR	H.W. Jenkins & Sons Co. 4905 York Rd.
	7,00
151-REV. 1/1/68	7 7 7 Balto., Md. 21212
	V



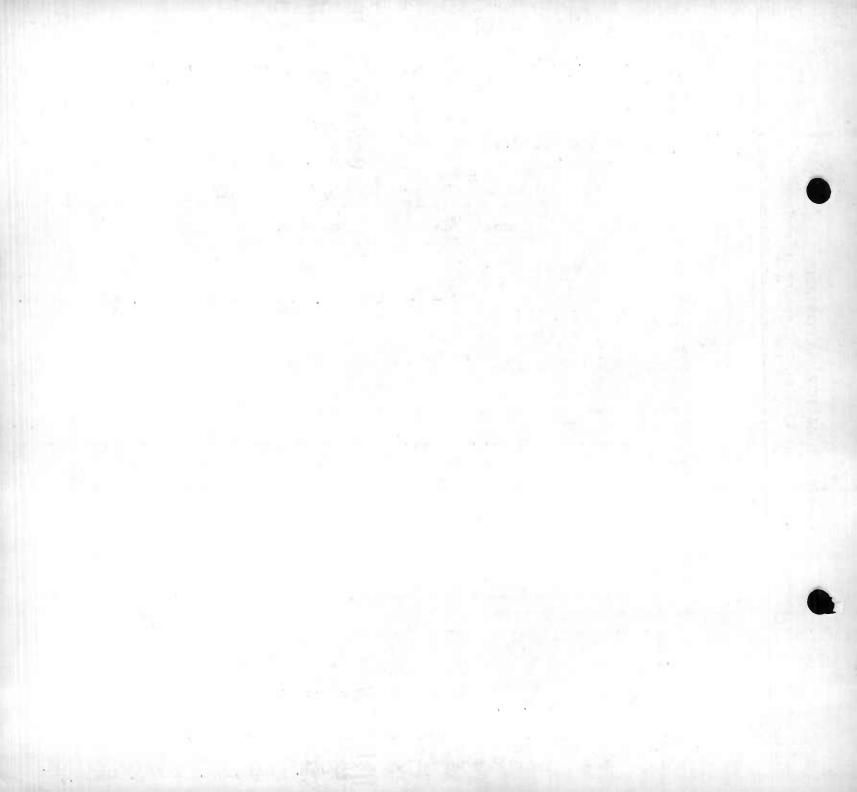
	BIRTH NO. 70 00710 CERTIFIC	ATE OF DEATH X REG. NO.	70 00/10
	NAME OF DECEASED Type or Printl	2. DATE AND HOUR OF DEATH	30/
3	TYPE MRS. LETA C. KELLER. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If ins A, STATE B, COUNTY	12 /P N
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MD. Baltimore C.	53-00
18	NSTITUTION	12	E CITY LIMITS?
	A STATE OF THE STA	Baltimore	NO X
4	2025 W FAYETTE ST. BALTO, MD , 21223	E. STREET AND NUMBER 5114 BELLEVILLE, BALT	
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED		
	FEMALE WHITE WIDOWED DIVORCED	5 30 03	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10	OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTION during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Housewife	ILLINOIS	USA
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
	GEO, SAHUEL ARNOLD		
E		EMMERICH	
Y	5. Wos Decessed Ever in U. S. Armed Ferces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NO NONE	Harry M. Keller-5114 Belle	eville Avenue #7
_	18. 41831 CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
	(A)IMMEDIATE C.	AUSE ERRORMITRAL IN FARCTION	415
	heart failure, asthenia, etc. it means the disease.	S A CONSEQUENCE OF:	
	injury or complication which caused death.)	A CT 144 A	
	ANTECEDENT CAUSES (B)	NCHIAL ASTHMA	415
	DISEASES OR CONDITIONS, if any, giving nise te the above cause (A) stelling the	S A CONSEQUENCE OF:	
	UNDERLYING CONDITION last. (C) DIV	EATICULITIS.	urs.
-	11		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
AI	DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************
TIEL	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
ER	1 21A. ACCIDENT WAS TINDESTYING	NO	
	On Contract the Land of the Contract of the Co	in or about 21 C. WHERE DID (If In Beltimore office bldg., INJURY OCCUR?	City, give exoct location)
ICAL	DEATH (notify medical examine)		
MEDI	21D.TIME (Month) (Deyl (Yeor) (Haur) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	(APPROX.) White At Not Will Work At Work	il• 🔲 📗	
	22. 1 certify that (1) (this hospital) attended the deceased from	11 8 19 70 to	1 / 18 19 70
	that (I) (we) last sow the deceased alive on 1/8	19 70 and that in (my) (our) opini	an do at a series to a series to a
		and that in (my) (our) opini	an usarn occurred on the dele
	and haur and from the causes stated above. (1) (We) (did) (did nat)		
			38. DATE SIGNED
	DEGREE! * 1	ys. LJ Director LJ Phys. L	1/18/70
	ORATHAI THIRAWAT M.D	BON SECOURS HOSPITAL	BALTO, MD 23
24	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C		town, ar county) (State)
	Burial 1-21-70 Lorraine Cemer		
25	5A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	,62)	all of the parties
3		Armagost Funeral Chapel	-4600 Tiberty Ht
	JAN 21 1970 Rober & Falley M.D. n	Oktinadose r dierar Chaper	Dinerry III
,	150-REV, 1/1/68		



35-65-23 csk	70 00711 BALTIMORE CI	TY HEALTH DEPARTMENT 70 110711
- CINGED OF	BIRTH NO. CERTIFIC	ATE OF DEATH REG. NO.
Suc Suc Suc Suc Suc Suc Suc Suc Suc Suc	1. NAME OF DECEASED (Type or Print) (Type or Print)	XXXXX 2. DATE AND HOUR OF DEATH
- D 0 5 .	THAT GAREN SWENNE	14. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission)
of of Ce ce ath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
hos Jse (5) de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
se; se; to	INSTITUTION	Baltimore YES NO
ng cau	Baltimore City Hospitals	E. STREET AND NUMBER
ar der	Baltimore, Md. 21224	3412 E. Prett St. 21224 007
ntrib mrrib egulo s mased	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	lost diffiacy; 50
occontregal registre	Male White WIDOWED DIVORCED LIOA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	
in in in in in in in in in in in in in i	done during most of working life, even if relired) Little Tavern	
dea Uno as sitii	13. FATHER'S NAME	Maryland U.S.A.
if dearect or (4) Unc was the d	Bellingham	unknown
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
TAI ista ihe kind dead dead ce	(Yes, no or unknown) (If yes, give wor or dotes of service) 275-76-1999	4940 Eastern Ave. BCH Records: Baltimorek Md. 21224
d t t t	18. CAUSE OF DEA	ATH APPROXIMATE INTERVAL
his a fany nced endo	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
A Als	LEADING TO DEATH (This does not mean the made of dying, e.g., OUF TO, OR,	
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused deoth.)	AS A CONSEQUENCE OF:
frac frac o p o p o p	ANTECEDENT CAUSES	onic alcoholism
Xam ami A fr who reg		AS A CONSEQUENCE OF:
S = 300 = E 2	rise to the above cause (A) stoting the UNDERLYING CONDITION last. (C)	
L DI Bedica dical resicia was main	II (o)	
AL Designation of the property	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
EX dy dy dy he reign	✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUNER le chief r by a m 2) Body e the p physicia	WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH?
FU the (2) (2) ere o ph efor	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, tarm, foctory, street,	office bldg., INJURY OCCUR? (If In Boltimore City, give exact location)
>.± ;; € Z •	DEATH (notify medical examiner)	The second secon
s of s of s	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not W	21F. HOW DID INJURY OCCUR?
nat cept	(APPROX.) Work At Wo	rk L
three x y a po	22. 1 certify that (1) (this haspital) attended the deceased fram	1/2 19 70 10 1 17 19 70,
of a of a of a of a of a of a	that (1) (we) lost sow the deceased alive an	19 7 and that in my (our) apinion death accurred an the date
be not be	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.
3 0 0 5 -	I VOOR HENKON MO	Attending Med. Staff
	23 C. PHYSICIAN'S	23D. ADDRESS Baltimore City Hospitals
ficate was r An a Prior pprov	DALE P. HENKEN M.D.	4940 Eastern Ave. Baltimote, Md. 21224
	24A. BURIAL CREMATION, REMOVAL (Specify)	[EE]
cert oody s: (D.O ase		tery Baltimore, Maryland
This certif the body shows: (1) was D.O deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC, FUNERAL DIRECTOR ADDRESS
\tau \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	JAN 21 1970 Robert E. Jacker M.D.	O John A. Mohan, Inc. 3000 E. Baltimone
	VS 150-REV, 1/1/68	- Land Control



VS 150-REV. 1/1/68



	BALTIMORE CITY HEALTH DEPARTMENT 70 00713
BIRT 1.N/	TH NO. 70 00713 CERTIFICATE OF DEATH X REG. NO
1. N.	AME OF DECEASED 2. DATE AND HOUR OF DEATH
3. PI	PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institylion: residence before admissingly and the state of the
	A. STATE B. COUNTY
HOS	ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Thinansity of Maryland Hospital EAST POINT YES NO ET
, ·	E. SIREEI AND NUMBER
5. SE	
	Male white WIDOWED DIVORCED 1/5/17 lost birthday) 3 Months Doys Hours Min
done	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (Sloto or foreign country) 12. CITIZEN OF WHAT COUN
12 6	CITY PA. USA
13. 7	ATHER'S NAME
15. W	JOHN BARRY Ves Doceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
(Yos,	no of unknown) Ut yes, give war of dotes of sorvice) SECURITY NO.
1	18. 1100 CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVA
	DISEASE OR CONDITION DIRECTLY
1	LEADING TO DEATH (This does not mean the mode of dying as (A)IMMEDIATE CAUSE acute Myocordial inforction 22 class
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or camplication which caused death.)
	ANTECEDENT CAUSES (B) Severe Coronary arlenosclerosis
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the
ا	UNDERLYING CONDITION last. (C)
Z	THER CIGNIES AND CONDITIONS CONTRIBUTION
ATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
CERTIFICATION	198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	9 = 5
310	218. PLACE OF INJURY (e.g., In or obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR?
	PLD-TIME (Month) (Doy) (Yeor) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
2 4	While At Not While At Work
	2. I certify that (1) (this hospital) attended the deceased from gas 10 1970 to Jaw 17 1970
	hot (1) (we) lost saw the deceased office on
23	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	238, DATE SIGNED
23	Octor Vernande DEGREE Phys. Director Phys. Director Phys. Director
	Victor ItERNANDEZ University of Maryland Hospital
24A.	BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City. town, or county) (Stole)
25 A	BURIAL 1/21/20 BALTO. NATE. CEM. BALTO. MD.
23A. [DATE REC'D BY HEALTH DEPT. 25R. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS JUN 21 1970 26 E. Janber R. D. J. G. & O. W. A. C. SONS 300 MAC.
/S 150	JAN 21 1970 ABE. Jaben M.D. J. J. J. OWNELLY SONS 300 MAC



			Y HEALTH DEPARTMENT	V	70 00745
BIRTH NO.	70 007	15 CERTIFICA	ATE OF DEATH	REG. NO	70 00715
1. NAME OF DE	CEASED LILY	MAY HARD	2. DATE A	ND HOUR OF DEATH	30 30 D
3. PLACE IN BA	ALTIMORE, MARYLAND, WHERE I	PRONOUNCED DEAD	4. USUAL RESIDENCE (Who	14, 1970 me deceosed lived, If in:	10.10 Pm
FULL NAME O HOSPITAL OR INSTITUTION	Saint Agnes Hosp		Maryland c. city or town	Haira	DE CITY LIMITS?
40	Caton & Wilkens Baltimore, Maryl		E. STREET AND NUMBER 101 Woodward	Street	YES NO .
5. SEX Female	MILLE	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH May 24 1888	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most o	UPATION (Give kind of work 10B, KI (working life, even if refired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fore	ign country!	12. CITIZEN OF WHAT COUNTRY
N	ausemple	Hame	Haward	Go med	USA
13. FATHER'S NA	Carhin B	ram	14. MOTHER'S MAIDEN NA	ME B. B	A
15. Was Decease (Yes, no or unknow	d Ever in U. S. Armed Forces? ni (If yes, give war ar doles af se	1 6. SOCIAL SECURITY NO.	17- INFORMANT		ADDRESS
no			Ida Br	ann -	ahane
	SE OR CONDITION DIRECTLY LEADING TO DEATH	Murio	religion ?	ordis Vos	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
l heart failute.	nat mean the made at dying, , asthenia, etc. It means the dis mplication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:		
DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if any,	(B) Ser	A CONSEQUENCE OF:	elerain	2 gw
rise to th	e abave cause (A) stating G CONDITION tast.	; lhe (C)			
E ITO THE DEA	II FICANT CONDITIONS CONTRIBUTIONS TO THE TERM THE BUT NOT RELATED TO THE TERM CONDITION GIVEN IN PART 1 (A).	TING IINAL			
19A. DATE OF	OPERATION 198 CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examined	21 R PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(II In Boltimore	City, give exect location)
21 D. TIME OF INJURY IAPPROXJ	(Month) (Doy) (Year) (Houd	While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?	/
	that (1) (this hospital) attend			95 to //	19 70
	last saw the deceased alive	7/	19.7.2 and the	at in(my) (our) apini	on death occurred an the date
23A. SIGNATI	d fram the causes stated abo	ve. (N) (We) (did) (did not) v	lew the body ofter death.		DATE SIGNED
	Warren	DEGREE PHYS	Med. Director	Staff Phys.	ATE SIGNED
PHYSICIANAME (1	John Warren M.D.	DECORE	23D. ADDRESS		
Burial CRE REMOVAL (MATION, 24B. DATE 2. Specify)	4C.NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (City.	lown, or countyl (Stole)
SA. DATE REC'D	21 1970 258. NA	ME OF REGISTRAN	250 FUNEARL DIRECTOR	THE HC	Who M A CORESS
'S 150-REV. 1/1/	68			1 , 20	- V V V 311 V V

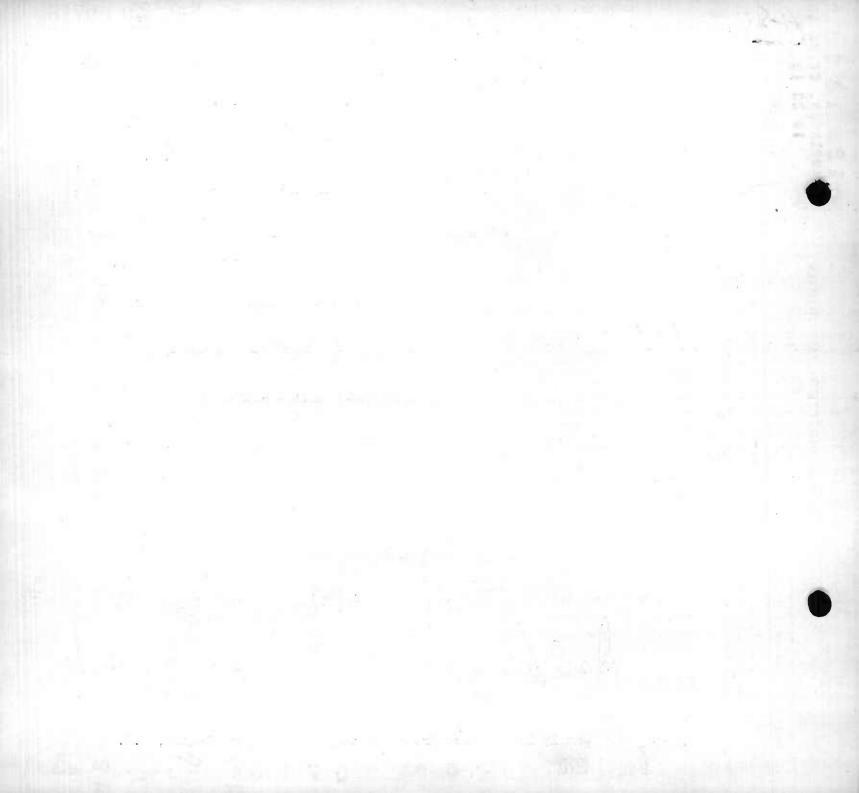
Landerent Hamodamia



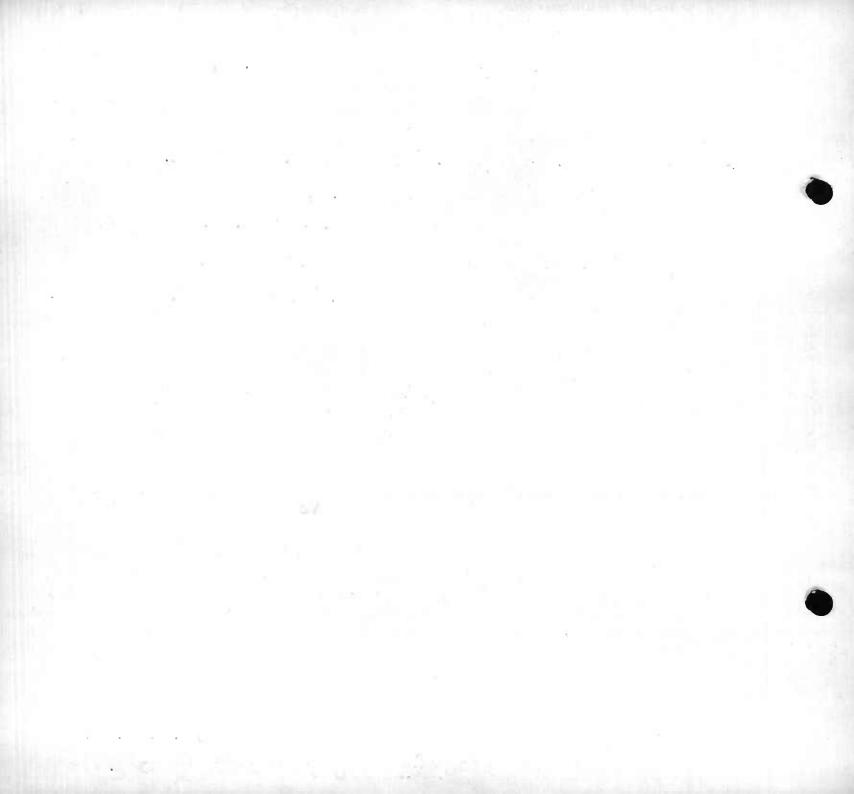
American Service of the 0.9 the second of th The second secon

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



		7:1	00719	BALTIMORE CIT			REG. NO.	70 110719
BIR	TH NO.	10	11012	CERTIFICA	TE OF I	DEATH	REG. NO.	
1.1	AME OF DECE		. Thoma:	S		Jan	. 19, 1970	1:48 P
3.	PLACE IN BALT	TIMORE MARYLAND, V			4. USUAL RE	SIDENCE (Whe	ere deceased lived. If	f institution; residence before admiss
FU	LL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPI' ADDRESS OR LOC	TAL OR INSTITU	JTION, GIVE STREET		yland		NSIDE CITY LIMITS?
IN	SITUTION					timore		YES NO
	-00				E. STREET AT	ND NUMBER		
	00	207 E. M	ontgomer	y St.			tgomery St.	
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF B		9. AGE (In years lost birthdoy)	Manths Days Haurs Mir
	Female	White	WIDOWED		Jan. 6,		71	
		JPATION (Give kind of war working life, even if retired)		BUSINESS OR INDUSTR				U S A
	Seamst		Cl	othing		lary's Co		USA
13.	FATHER'S NAM	ME				S MAIDEN NA		
		John Brad			Mag	deline	Ridgel	
IS. (Ye	Wos Deceosed	Ever in U. S. Armed Fo	orces? les of service)	1 6. SOCIAL SECURITY NO.	17. INFORMA			ADDRESS
	No				Mrs. Ma	ary Fren	ch 207 E.	Montgomery St.
_	1B. 1136	. 9 1		CAUSE OF DEA	Н			APPROXIMATE INTERVA
		E OR CONDITION D			11			
		LEADING TO DEATH		(A) IMMEDIATE CA	USE CO	emra	—	
	heart failure,	at mean the made a asthenia, etc. It mean	f dying, e.g., s the disease,	DUE TO, OR AS	A CONSEQUEN	CE OF:	on GECI	dut
	injury or came	plication which cause	d death.)	100	uno.	0	nten: 2	
	A	ANTECEDENT CAUSE	S	(8)	enlij	200		way.
1		R CONDITIONS, if		DUE TO, OR A	A CONSEQUE	NCE OF:		
		above cause (A) CONDITION last.	siding ine	(c)				
		- 11						
ATION		CANT CONDITIONS CO						
CAT	DISEASE OR CO	ONDITION GIVEN IN PA	RT 1 (A).	WHICH OPERATION	120A AUTC	PSY? (Yes ar N	all 208 IF YES WEI	PE FINDINGS CONSIDERED
CERTIFIC	A DATE OF	WAS PE	REDRAED	WHICH OFERATION	N		IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CER	21A. ACCIDEN	NT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	in or obout 21 C.	WHERE DID	(If in Baltin	more City, give exoct location)
CAL	OR CONTRIBIL	TING CAUSE OF medical examiner	hom etc.	ie, form, factory, street,	office bldg., INJL	JRY OCCUR?		
DIC	21 D. TIME	(Month) (Doy) (Year)) (Hour) 21 E.	INJURY OCCURRED	21 F.	HOW DID IN	JURY OCCUR?	
MEDI	OF INJURY		Wh	ile At Not Wh	le 🗂			
	(APPROX.)		Wo	rk LJ At Worl				16. 10 16 9 1
		that (1) this haspite			flee	}	19 69 ta	17,17 WO
	that (1) (we)	last saw the deceas	ed alive on	yan. 6	19 7	ond th	hat In(my) (our)	opinion death accurred on the
	11101 (1) (110)	iosi suw ille deceds		//				
	_			(We) (did) (did not)	view the bady	after death.		
	_	from the causes sta				after death.		23B, DATE SIGNED
	and hour and	from the causes sta		At	ending 🗇	Med.	Staff Phys.	23B. DATE SIGNED
	23A. SIGNATUI	from the causes sta		At	ending 🗇	Med.	Staff [1/19/20
	23A. SIGNATUR 23C. PHYSICIAN NAME (Ty	from the causes sta		DEGREE Ph	ending ys.	Med.	Staff [23B. DATE SIGNED 1/19/70 54- Bet. Ned
24.	23A. SIGNATUI 23C. PHYSICIAI NAME (Ty	from the causes stored from the cause stored from the ca	ated abave.	At	ending 2 ys. 23D. ADDRESS	Med. Director	Staff [1/19/20 St. Bet. Ned
24	23C. PHYSICIAI NAME (Ty	I fram the causes state IRE IRE IV 9 I	24C. N.	DEGREE DEGREE	ending 2 ys. 23D. ADDRESS 122 1	Med. Director 5.	Shaff Phys. Clus -	1/19/20 54- Bet. red (City, town, or county) (Sto
	23A. SIGNATUI 23C. PHYSICAL NAME (Ty A. BURIAL CREA REMOVAL (S BURIAL	from the causes state IRE INTS IN	24C. N.	DEGREE Ph	23D. ADDRESS 122 EMATORY	Med. Director 5. 240. 1	Shaff Phys. Club Cocation Cocklyn, A.	1/19/20 54. Bet. ned
	23A. SIGNATUI 23C. PHYSICAL NAME (Ty A. BURIAL CREA REMOVAL (S BURIAL	I fram the causes state IRE IRE IV 9 I	24C. N. (258. NAME C	DEGREE AME of CEMETERY OF CHOLY Gross	23D. ADDRESS 122 EMATORY	Med. Director 5.	Shaff Phys. CLS LOCATION DOKLYN, A.	(City, town, or county) A. CO. Md. ADDRESS
25	23A. SIGNATUI 23C. PHYSICAL NAME (Ty A. BURIAL CREA REMOVAL (S BURIAL	from the causes stored from the cause stored from the	24C. N.	DEGREE AME of CEMETERY OF CHOLY Gross	23D. ADDRESS 122 EMATORY	Med. Director 5. 240, 1	Shaff Phys. Club Cocation Cocklyn, A.	(City, town, or county) A. CO. Md.

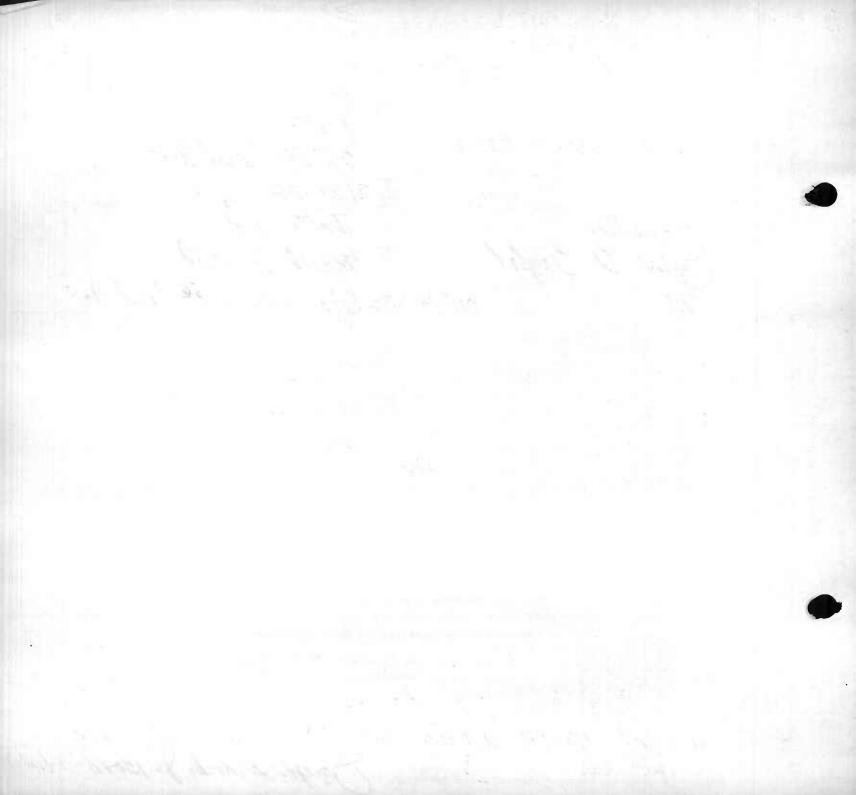


BALTIMORE CITY HEALTH DEPARTMENT

70 00720 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 00720
I. NAME OF DECEASED	
(Type or Print) HARRY TREPOLSKY	2. DATE Known Manth Day Year Hnur OF DEATH Estimated January 16 1970
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated January 16, 1970 M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD January 16, 1970 7:40 A. M.
Bon Secours Hospital (DOA)	5. USUAL RESIDENCE (Where deceased lived, if institution: residence before odmission) A. STATE Maryland B. COUNTY B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	□ Baltimore YES NO□
9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. 11 Under 24 Manths; Days; Haurs; A	drs. E. STREET AND NUMBER
II. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF	6717 Townbrook Drive
RUSSIA WHAT COUNTRY?	Frank
148. USUAL OCCUPATION (Give kind a) work 148. KIND OF BUSINESS OR INDUS	STRY 15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IS INFORMANT
(Yes, na ar unknown) (If yes, give wor ar dates of service) SECURITY NO.	me C C CO 12 - Delle
CAUSE OF E	DEATH O APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Arterio	sclerotic cardiovascular disease
LEADING TO DEATH (This does not mean the made of dying, e.g., OUE TO	TE CAUSE
heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	OR AS A CONSEQUENCE OF;
LINDERLYING CONDITION LAST	DR AS A CONSEQUENCE OF:
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED [21. AUTOPSY? (Yes or No)
Ö	
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- hame, larm, foctory, street, or UTING ☐ CAUSE OF DEATH.	g., to or obout 22C. WHERE DID (II in Baltimore City, give exact location) Wes Wes
22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRE OF INJURY OCCURRE (APPROX.)	D 22F. HOW DID INJURY OCCUR?
23.	Autopsy X and that on this basis, death in my opinion
	cide Homicide Undetermined monner
ACTUAL SIGNATURE AMBOULALOW MY	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER AD ASSISTANT MEDICAL EXAMINER
EXAMINER'S Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER January 16, 1970
24A, BURIAL CREMATION, REMOVAL (Specify) 24B, DATE 24C. NAME of CEMETER	RY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Bureal 1/19 / Hebreu 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Friendslip Balto Md [25C. FUNERAL DIRECTOR ADDRESS
JAN 22 1970 Coled E. Jaben, M.D.	Sylvan Leura Son 9610 Reusterstyn
VS 151-REV. 1/1/68	10710

OT THE RESERVE galabased - walker oc/py/1)

	70 00721 CEDITICATE OF DEATH REG. NO.	70 00721
	RTH NO. VAME OF DECEASED THY LOR CERTIFICATE OF DEATH 12, DATE AND HOUR OF DEATH	
(Ту	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Whore deceased lived. If ins A. STATE B. COUNTY	630 P M.
H	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET M	DE CITY LIMITS?
4	Almon Wem Hosp E. STREET AND NUMBER Del and	YES NO
	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Never Married 8/2.8/22	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
dor	A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Final Company of working tite, even if retired) Final Company of the company of the	12. CITIZEN OF WHAT COUNTRY?
	Solat Description of Daylor 14. Mother's Majoen Name March Description of the Social Structure of the	ADDRESS
No.	Wys Deceased Ever in U. S. Armed Brees? Syno or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 215-14-1932 Reta Daylor 25-60	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or complication which coused death.)	
is are em	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (B) DUE 10, OR AS A CONSEQUENCE OF: CANCESTE (C)	ean ,
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, form, foctory, street, office bldg., INJURY OCCUR?	City, give exact location)
MED	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Not While Mork At Work 21F. HOW DID INJURY OCCUR?	
	22. I certify that (I) (this haspital) attended the deceased from	
	and haur and from the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE Attending Med. Shoff Phys. Director Phys.	23B. DATE SIGNED
E	23 C. PHYSICIAN'S NAME (Type) auch d Witchenerhage Umonmenon	I Hoys
(A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY PROPERTY OF CREMATORY	y town, or county) (Stote)
	JAN 22 1970 John E. Jacker 70 Joseph Ly Noch &	1304M. Contras (
	150-REV. 1/1/68	



VS 150-REV. 1/1/68

(Called Sinni) Last oldres by a Oduseus was

						ITY HEALTH DEPART		-913 1	10700
BIRTH	NO.		70	0072	3 CERTIFIC	ATE OF DE	ATH REG. NO	70 !	10/23
Туре	OF DEC	LAN		argaret			DATE AND HOUR OF DE	1	2:25 A.M.,
3. PL/	ACE IN BAL	TIMORE, MARY	LAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDE	NCE (Where deceased lived.	If institution; residen	nco before odmission
FULL HOSP INSTIT	NAME OF	(IF NOT II	N HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MD.		2122 INSIDE CITY LIMITS	The state of the s
	160	ST. AG	NES X	HOSPITA	L	BALTIMON	RE	YES 🔏	№ □
-	70					1111 SA	RGENT ST.		
	emale	White		WIDOWED		7-18-01	9. AGE (In yeors lost birthdoy)	If Under 1 Yr Manths Doys	f Under 24 Hrs Hours Min.
done de	SUAL OCCI uring most of House	working life, even	ind of work if retired)	1	BUSINESS OR INDUS	MARYLAN		U.S.A	OF WHAT COUNTR
13. FA	THER'S NA	ME				14. MOTHER'S MA	IDEN NAME		
		John Fe	eelev			Anni	e Mc Dermott		
15. Wo	s Decoosed	Ever in U. S. /	rmed For	ces?	1 6. SOCIAL SECURITY NO.		VES. BALTO M	D. ADE	DRESS 21229
-	To	,			JEGGRIII NO.		S HOSP RECOR		
18.	7 /	0,91			CAUSE OF DE	ATH			PROXIMATE INTERVAL
	DISEAS	E OR CONDITION	DEATH	RECTLY				BEIME	EN ONSET AND DEAT
(TI	his does n	of meon the	made of	dying, e.g.,	(A) IMMEDIATE (AUSE Acuta	M1.		
he	eart failure,	osthenio, etc. plication which	It means	the disease,	DOE 10, OR	S A CONSEQUENCE OF	:		
		ANTECEDENT			Coro	am desiras	2 10.000		
DI	SEASES O	R CONDITIO	NS, if	ony, giving	(B) DUE TO, OR	AS A CONSEQUENCE	e, severe et	·a. U-1-7	
ris	e la the	above cau	se (A)	stating the	(6)				
		II			(0)		******************************	***************************************	
NO OT	HER SIGNIF	ICANT CONDITIE	ONS COL	TRIBUTING				1	
AT	SEASE OR CO	H BUT NOT RELA ONDITION GIVE	N IN PART	1 (A)	****************				
CERTIFICATION (61 (61 (61 (61 (61 (61 (61 (61 (61 (61	A-DATE OF	OPERATION	VAS PERF	ORMED	WHICH OPERATION	20A. AUTOPSY?	Yos of No. 208, IF YES, WIN CERTIFYING	ERE FINDINGS CON CAUSES OF DEATH	SIDERED H?
OR	A. ACCIDEN CONTRIBU ATH (nalify	IT WAS UNDER	LYING [21 B. ham etc.)	PLACE OF INJURY (e. e., form, foctory, street,	olfice bldg., INJURY O		Ilmore City, give exec	
2112 OF	D-TIME	(Month) (Doy)	(Yeos)	(Haur) 21E,	INJURY OCCURRED	21F. HOW	OID INJURY OCCUR?		
E (AI	INJURY PPROXI			Whi	le At W	hile 🔲			
22.	1 certify	that (1) (this	hospital	1	e deceased from		19 <u>70</u> to JA	NUARY 21	1970
					JANUARY 21	19.70	and that In (ny) (our)		
- 1						view the bady afte		aprinum neutii dei	corred du tue dat
23A	SIGNATU	RE			Carrent Manual Annual	inc budy dire	- weeling	23B, DATE SIG	NED
		Chur.	Hui	(sai	M. P. DEGREE	Hending Med.	lar Staff	1-21-	
230	NAME (Ty	N'S Chin	g Hui	Tsai,		23D, ADDRESS	11170.		
		1			GEGI	St Acres	es Hospital		
24A. BI	URIAL CREA	AATION, 248.	DATE	- 1	ME of CEMETERY of	REMATORY	24D. LOCATION	(City, town, or coun	nty) (Stote)
В	urial	1	24 70		Loudon Par		Balto. Md	•	
5A. D	ATE REC'D	BY HEALTH DE		258 NAME O		25C. FUNERAL	alle —		DDRESS
	INN	22 1970	Juste	SE. You	Ber (M.D.)	0 7	2 Mc Cull;	y 130 E.	Fort ave
150	-REV. 1/1/6	R							

VS 150-REV. 1/1/6B

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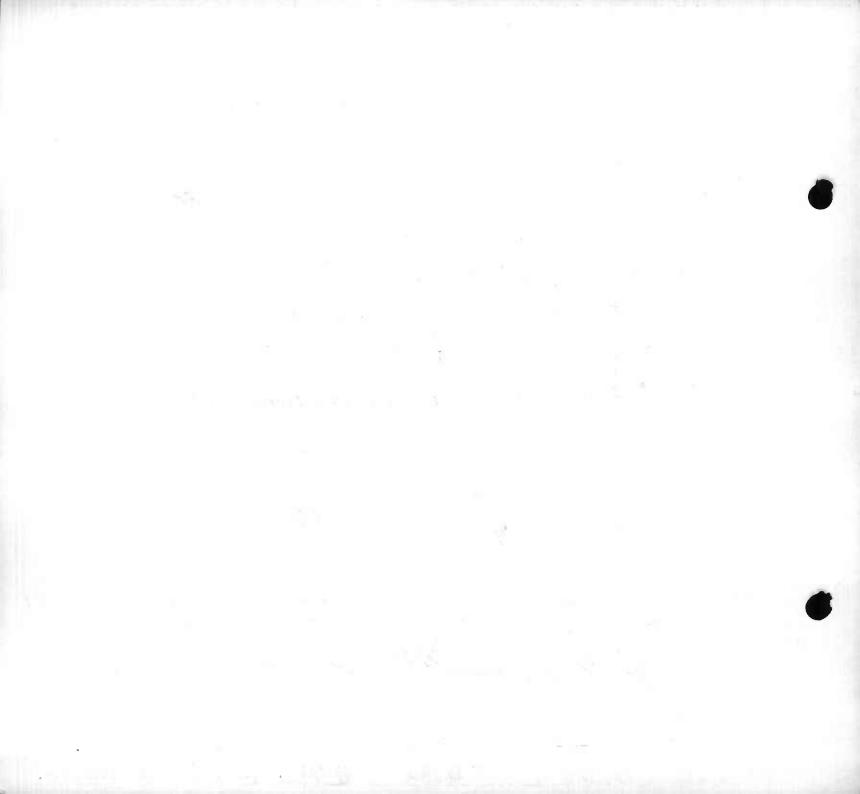
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(Type or	C. E OF DECE	ASED						2. DATE	Known 1	7	Month	Day	Yeor	Hour	
	Print)		PAULI	NE O	BERE	RY		OF DEATH	Estimoted		anuar		1970		м.
4. PLAC			ARYLAND, W					3. DATE	UNCED DEAD		Month	Doy	Yeor	Hour	Д.
HOSPITA OR INST		ADDRI	T IN HOSPITA	IION)	illulion,	, GIVE SIR	EET			J	anuar			1:55	P. M.
		/12 Go:	rsuch A	l von 11	0			A. STATE	ESIDENCE (V	Where de		d. If institut		e before odmi	stion)
6. SEX		RACE	Loucii z			VEVED MA	ARRIED	C. CITY OR	Maryla TOWN	nd		D. INSIDE	CITY LIMITS	3	
Fe	male	Whi	te	WIDOW			ORCED 🔯		Baltim	ore			YES 🔀	№ □	
	OF BIRTH	A	10. AGE (In	yeors	If Under	1 Yr. If Un	oder 24 Hrs. ours 1 Min.	E. STREET	AND NUMBE	R			123 😅	140 🗀	
	27- 3		45			1			1842 G	orsu	ch Av	enue			
II. BIRTI	PLACE (Sto	lane	on country)			ZEN OF AT COUN	TRY?	13. FATHER	'S NAME		2				
4A.USU	L OCCUPA	ATION (Giv	e kind ol work	148. KIND	OF BUS	INESS OF	RINDUSTRY	15. MOTHE	R'S MAIDEN	NAME	-				
lone duri	g most of wo	rking lile, ev	en Il relired)			_					?				
6. WAS	DECEASED	FVER IN	U.S. ARMED	FORCES	? 17.	SOCIAL SECURIT	Y NO	18. INFOR	MANT	,		11	ADDRESS	,	
_		, , , , , ,				no	ne	Wmd	1. Poole	c 10	272	For	ruch		4
19.	43	91				CAUS	SE OF DEAT	rH						APPROXIMATE II	
		OR COND	ITION DIRECT	CTLY					Fr.41	0.00					
(1)	is does not	meon the	mode of dy	ing, e.g.,		(A) <u>IA</u>	UE TO, OR A	AUSE S A CONSEQ	Epil	epsy					
lo	or comp	licotion which	ch coused dea	ih.)											
		ECEDENT				(8)						-: 40			
DI Ri	E TO THE	ABOVE CAL	ONS, IF ANY	GIVING		D	UE TO, OR	AS A CONSE	QUENCE OF:						
	IDERLYING	CONDITI	ON LAST.			(c)_									
CATION	HER SIGNIF		II IDITIONS CO	NTRIBLIT	ING	12.38	11.11								
	EASE OR C	NOMINA	RELATED TO GIVEN IN PA	RT 1 (A)-		-			ngestion	n					
						ICH OPER	ATION WA	S PERFORM	NED	. IT	THE D		21. AUT	OPSY? (Yes	r No)
	FVFFF	1 01117												Yes	
	ERLYING	AL CAUSE OR CON SE OF DEA	TRIB-		228.PLA(home, lor	ce OF IN	JURY(e.g., i street, office	in or obout 2 bldg., etc.) II	2C. WHERE D	OID (II I	Boltimore	City, give	exact location)	
22A. UND UTIN	G LI CAUS			(Hour	1 22F I	-	CCHARTA	2	2F. HOW DID	INJUR	Y OCCUR	?			1
22A. UND UTIN 22D. OF II	TIME (M	onth) (D	oy) (rear			NJURY O									
22A. UND UTIN 22D. OF II (APP	TIME (M	onth) (D	voy) (lear		m. WHILI	EAT		WHILE							
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22A. UND UTIN 22D. OF II (APP	TIME (MIJURY COX.)	that I ha		nquiry [m. WHILI WORK	EAT	TON AT W	opsy	and that o	on this	basis, d				
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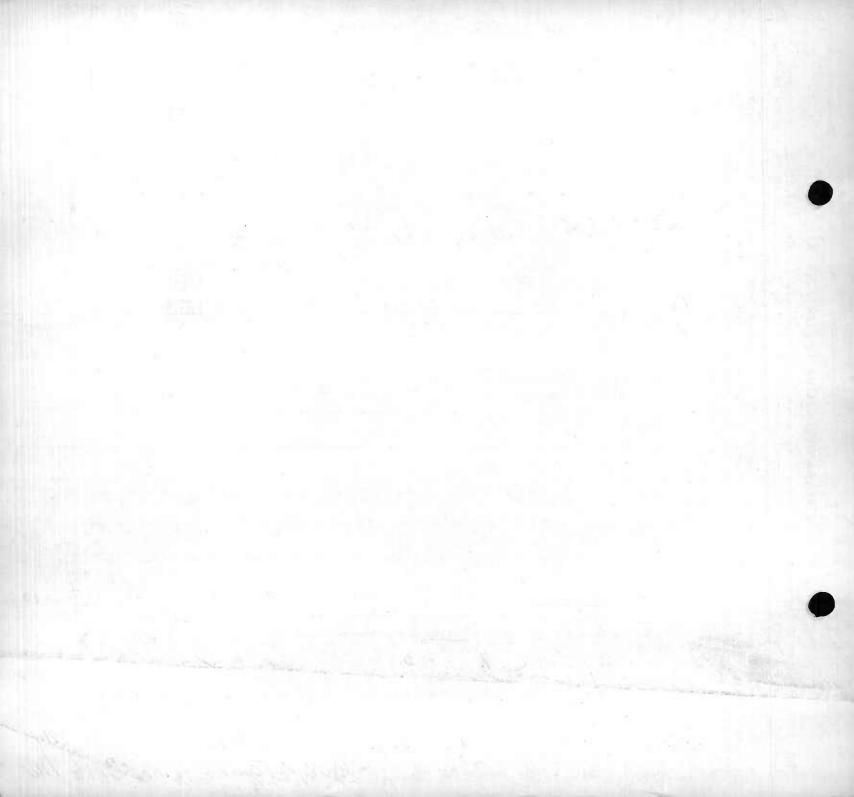
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VS 150-REV. 1/1/6B



4-620	BALTIMORE CITY HEALTH DEPARTMENT	10 10/6/
Che eth d	NO. 70 00727 CERTIFICATE OF DEATH	
death death ease n th	or Print) WAYER Cathorine Flash Hallagas 2. DATE	AND HOUR OF DEATH
h 0 0 4	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (V	Where deceased lived. Il institution: residence belare admission)
S)	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MORE)	1306
n a ho caus use; (t tenda	TAL OR ADDRESS OR LOCATION) C. CITY OR TOWN	D. INSIDE CITY LIMITS?
ng caus	3621 Hickory Ave Baltimo	PR, YES NO
D T D T G	3621 HIC,	Kory Ave
_ ======	7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9, AGE (In years If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
occu ontri ermi	SUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of	loreign country) 12. CITIZEN OF WHAT COUNTRY?
ath in detection	uring most of working life, even if retired)	11.50
Jan Sir	THER'S NAME	NAME D // D
LT lirect h we dispos	imes Alfred Gosnell Margare	+ Roth Brothers
2 2 2 2 2	o o unknown) (II yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	ADDRESS
RTA ssist the the ince	10 - Helen Z	COllison Semp
POI is as any any nda	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
or hi Also, e of noun after	LEADING TO DEATH	Thrombosis Medden
בייייייייייייייייייייייייייייייייייייי	This does not meon the mode of dying, e.g., eorl foilure, osthenio, etc. II meons the diseose, njury or complication which caused death.)	
E 0 0	ANTECEDENT CAUSES	
Xam xam amii A fr who	SEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:	
DIRECT cal exam al exam s; (3) A f cian who us in regarders	se to the above couse (A) stating the INDERLYING CONDITION last. (C)	
med med herical	THER SIGNIFICANT CONDITIONS CONTRIBUTING DITHE DEATH BUT NOT RELATED TO THE TERMINAL ISEASE OR CONDITION GIVEN IN PART 1 (A).	
FUNER e chief r by a m 2) Body e the p physicia	A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of WAS PERFORMED	No. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E ch by by by c th	A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DI	
±=0,90,4	A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DI home, form, loctory, street, office bidg., INJURY OCCUI	R?
Spin		INJURY OCCUR?
ved hos nat d (6	Not While At Work Not Work	
pro pro ny any any any any any	2. I certify that (1) (this hospital) attended the deceosed from	19 70 to 1/15 19 70.
of of of of of of of of of of of of of o		d that in(my) (our) opinion death occurred on the date
be be be be be be be be be be be be be b	nd hour and from the couses stated above. (1) (We) (did) (did net) view the body after dea A. SIGNATURE	238, DATE SIGNED
must be eleasect cident to hospit to dear	Reuben Milmon m. D. Attending Med. Director Director	Shaff 1/16/70
9 - 5 - 5	C.PHYSICIAN'S 23D. ADDRESS	
A A B B B B B B B B B B B B B B B B B B	KEUBEN MOFFMAN MU. 846 W. 36	=St., Bedans, We 20211
certifi body v vs: (1) D.O.A		D. LOCATION (City, town, or county) (Stote)
	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 1250-RUNERAL DIREC	SAMber, Carroll Co Md
This the k show was dece	IAN 21 1970 P. Bert E. Faller, M.D. BUYGER	Funeral Home Balto Mes
	0-REV. 171768	Prince Co





		HEALTH DEPARTMENT	70 00729
BIRTH NO. 70 00	729 CERTIFICA	TE OF DEATH REG.	No
CType or Print) MARTHA I	RENE SNY	DER JANUARY -	13TH 2,00 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	IIA SIAIE & COUNTY	ved. It institution residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND U.S.A	,0,0
THE UNION MEMO	RIAL HOSPITAL	BALTI MORF	D. INSIDE CITY LIMITS? YES A NO
44	, , , , , , , , , , , , , , , , , , , ,	E. STREET AND NUMBER	
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	/30 W \$/S	
FEMALE WHITE WIDO	OWED DIVORCED	07-29-08 lost birthday	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind at work 10B, KII done during most at warking life, even if retired)	NONE	11. BIRTHPLACE (Stole or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY?
AAATUTU		14. MOTHER'S MAIDEN NAME	-4.4.01.47
MATHEW ZIELL			DANOSKI E
15. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of set	vice) 16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT HERSELT	ADDRESS
18.5 71.9	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAU	\$E	
IThis does not meon the made of dying, heart toilure, astheria, etc. It means the dis	О. П.	CONSEQUENCE OF:	
injury or complication which caused death.) ANTECEDENT CAUSES	hope	to ensuficeancy for	or leversersis
DISEASES OR CONDITIONS, if any,	iving (B) DUE TO, OR AS	A CONSEQUENCE OF:	11 11
rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	(C)		Maria
z II			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING NAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFY!	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., ir home, form, factory, street, off etc.)	or obout 21C, WHERE DID (If In ice bldg, INJURY OCCUR?	Baltimore City, give exact location}
210-TIME (Month) (Day) (Year) (Haur)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While AI Not While At Work		
22. i certify that (i) (this hospital) attend	~ / / ~	2/15 1969 10_	
that (i) (we) last saw the deceased office			ur) apinion death accurred an the dote
ond hour and from the causes stated about 23A, SIGNATURE	ve. (1) (me) (ala) (ala nat) vi	ew the body after death.	23 B, DATE SIGNED
J. Jamasake	DEGREE Phys.	ding Med. Staff Phys.	01-13-70
OSC. PHYSICIAN'S NAME (Type)		33 RD AND CALVART	STREET
JASUMASA SAMASAKI	IC. NAME OF CEMETERY OF CREA		
SEMOVAL (Specify)	13 - 1/ M/ , 11/	MATORY 24D. LOCATION	(City, town, or county) (State)
5A. DATE REC'D BY HEALTH DEPT. 25B. NA		25C EUNERAL DIRECTOR	ADDRESS //
	Jasberg M.D.	Lourge Fruerz	Home Balto Mil
S 150-REV. 1/1/68	• ***	/ / /	

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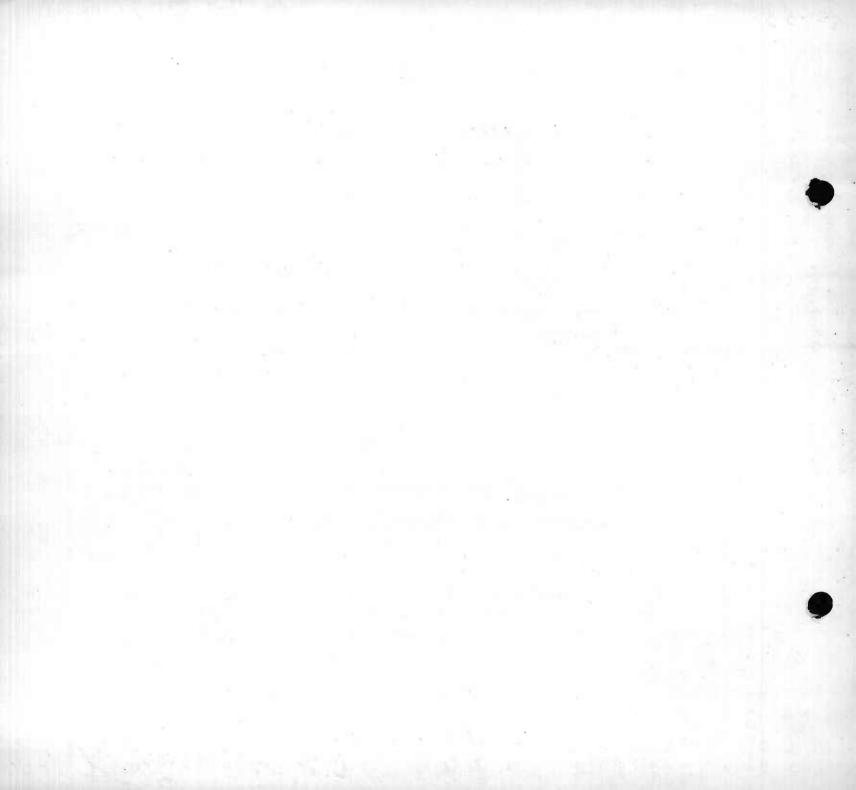
01-13 12/1/20 21 11 --

4. Howards in a

Manual Variations of the State

10.70

1 2/2]	BALTIMORE CITY HEALTH DEPARTMENT 70 00730
5-555	BIRTH NO. 70 00730 CERTIFICATE OF DEATH
death	T. NAME OF DECEASED MININIPE & Standiford DAN 12 1970 8 30 Am.
of d Of d Dece	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STAPP 8. COUNTY
Se Se de de de	HOSPITAL OR ADDRESS OR LOCATION) , JUNISTITUTION, GIVE STREET
cau cau se;	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION THE (1/es/ey/flome) C. CITY OR TOWN YES NO NO
ng cau	E. STREET AND NUMBER
0.=	5. SEX 6. RACE / 17. GARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE/In years If Under 1 Yr. If Under 24 Hrs.
occurre ontribut ermined regular regular is made	5. SEX 6-RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE/lin years last birthday) WIDOWED DIVORCED JUL 20 1880 89
	TOA. USUAL OCCUPATION (Give Mind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
NT alrect or c ; (4) Undet th was in on the deci	HOUSE CUITE - Md
de vas	13. FATHER'S NAME
ire (4)	William H Smoot Margaret III Vones
TAN istant he di kind; death ce on	15. Wos Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.
SSissis the the true of true of the true of true of the true of the true of true o	CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH
IMPORTAN or his assistant Also, if the di s of any kind; ounced death attendance on	DISEASE OR CONDITION DIRECTLY
IM or h Also e of soun atte	LEADING TO DEATH (A) IMMEDIATE CAUSE LITTURE ACLIFOLIC CARLO
1.50.0	(This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: Pascular disease
CTOR camine amine amine A fract vho pr regula	ANTECEDENT CAUSES
A A f	DISEASES OR CONDITIONS, if ony, giving (B). DUE TO, OR AS A CONSEQUENCE OF:
alex alex (3) an v in	rise to the obove couse (A) stoling the UNDERLYING CONDITION last. (C)
cdico ical ical rns; sicio	
_ 070	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
hief a n cody he he r the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUNERA le chief me by a mee 2) Body bu re the ph) physician ore the re	21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR?
y th ital e; (2 /her No p	OR CONTRIBUTING CAUSE OF hame, factory, street, affice bidg., INJURY OCCUR? DEATH (notify medical examiner)
Sp c c c	21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ved hos rept d (6	Work At Work
pro pro pro pro pro pro pro pro pro pro	22. I certify that (1) (this hospital) attended the deceased from 8 Depluster 1969 to 12 June 1970.
ap to to do h);	that (1) (we) last saw the deceased clive an 10 2 miles 1970 and that in (my) (ear) opinion death accurred on the date
ust be a dent of dent of death)	and hour and from the causes stated above. (1) (We) (did not) view the bady after death. 238. DATE SIGNED
3 9 .5 4 0 -	Attending Med. Shaff Director Phys. 15 Jan. 70
0 0 0 0	23C. PAYSICIAN'S AMAME (Type) 23D. ADDRESS
ficat was A. a Pri	POHN NBARNABY DEGREE 1652-C NEWTHERECOVE
£ > 5 0 0 0 0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION, (City, town, or county)
	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 259: FUNERAL DIRECTOR / ADDRESS ///
This the I show was was	JAN 22 1970 Pose Fall Ro O Dimage & unevel Home (22/ toll)
	VS 150-REV. 1/1/68 - 1111 Henry 1 (N



				BALTIMORE CITY	HEALT	H DEPARTMENT		775	00731
		70	00731	CERTIFICA	TEC	F DEATH	REG. NO	10	70701
	TH NO.	SED		4			HOUR OF DEATH	1	
	e or Print)	JANET	T	HANEL		TAN	18 10	10	10.35 P.
3. F	LACE IN BALTIM	ORE MARYLAND, W	HERE PRONO	UNCED DEAD		AL RESIDENCE (Where		institution	residence belore odmission
					A. STA	B. COUNT	Y		905
HO	SPITAL OR	ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	CCITY	OR TOWN	IA! CI	SIDE CITY I	700
INS	TITUTION	lavere the	PVINS	HOSPITAL	R	LIMORE	-	YES X	_
	INC	JOHNS (10,	1-017	((D) pers	E. STRE	ET AND NUMBER		1123 1/2	, 110
	33				90	2 MONTEL	ELUER S	7-	
5 . \$	EX 6.	RACE	7. MARRIED	NEVER MARRIED	-	OF BIRTH 9	. AGE (In years	If Und	er 1 Yr. , If Under 24 Hrs.
	F	W	WIDOWED		6/2	7/1037	ost birthdoy)	Months	Days Hours Min.
10A	USUAL OCCUPA	TION (Give kind of work		BUSINESS OR INDUSTRY	11. BIRT	HPLACE (State or foreig		12. CIT	TZEN OF WHAT COUNTRY
done		king life, even il retired)				Manueland			USA
	Homemake	r				Maryland			ODA
3.	FATHER'S NAME	7 7 7			14. MO	THER'S MAIDEN NAM		fman	
	1	rsel Divelb	155			rarg	uerite Hof	THEIL	
S. V	Nos Deceased Ev	er in U. S. Armed For yes, give war ar date	ces?	16. SOCIAL	17. INFC	RMANT			ADDRESS
		,		233-60-3111	Ma	. Charled D	. Hadel		Same
	18. 1/ 2 2	a		CAUSE OF DEATI	H				APPROXIMATE INTERVAL
	DISEASE	OR CONDITION DI	RECTLY					A	BETWEEN ONSET AND DEATH
Я		ADING TO DEATH		(A) IMMEDIATE CAU		BARACHHOID	HELMACH	AGE	24 hours
		meon the made of		DUE TO, OR AS		QUENCE OF:			
		henia, etc. It means cotion which caused		,					. 0
	AN	TECEDENT CAUSES		(RUPTUR	ED)1	NTRA CRANIAI	L ANEURY S	M	1106. ungenital
	DISEASES OR	CONDITIONS, if	any, givina	DUE TO, OR AS					
	rise la lhe	obave cause (A)							
	UNDERLYING C	CONDITION lost.		(C)					
z	OTHER CLOSUES		ALTRIBUTION						
ATION	TO THE DEATH B	NT CONDITIONS CO	HE TERMINAL	_					
CA		PERATION 198. CON		WHICH OPERATION	20A.	AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDING	S CONSIDERED
ERTIFIC	21 -	WAS PERI				YES	IN CERTIFYING C	AUSES OF	DEATH?
CER	21 A. ACCIDENT	WAS UNDERLYING] [21B.	PLACE OF INJURY (e.g., in	n or obou	21 C. WHERE DID	(If in Baltim	ore City, gl	ve exoct location
AL	OR CONTRIBUTION DEATH (notify me		hom etc.	ne, form, factory, street, of	fice bldg.	INJURY OCCUR?			
DIC		Aonth) (Day) (Year)		INJURY OCCURRED		21F. HOW DID INJU	104 0 0 0 1100		
ME	OF INJURY	tonin/ (Doy) (Teon		ile At Not While	. —	ZIF. HOW DID INJU	JRY OCCUR:		
	(APPROX.)		Wo						
	22. I certify the	ot (I) (this hospital) attended t	he deceosed from	8 300	1º	970 to 1	8 144-	MRY 19 70
	that (1) (we) la	st saw the decease	d alive an	18 JANVARY	19	7.0		olnion dec	oth occurred on the dot
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	23A. SIGNATURE	N. 0 - 1	1	, (operator) (and more)	3011 1110	body offer deomi.		23B, DA	TE SIGNED
	Karl	Steeler,	N., D.	Atte	nding [Med.	Staff Phys.	19	January 1970
	23 C. PHYSICIAN'S	1	1	DEGREE Phys	23D. ADI		Phys. K—3	111	
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24 A	BURIAL CREMA	oify)	24C. N		200			City, town,	
	Bur	ial 1/22/	70 xxx	exemt xiiixlx xixxi	XXXX	Sextimediant 30	Baltimore	Ba	Ito Co. Marylan
2SA	. DATE REC'D BY	HEALTH DEPT		OF REGISTRAR	2SC.	FUNERAL DIRECTOR			ADDRESS
	JAN 221	9/U Vister !	TI VOLUE	4 TO 0 0	IA	onard J. Ruc	ck Inc. 53	05 Har	ford Rd. 2121
			1 "		7 1 4				

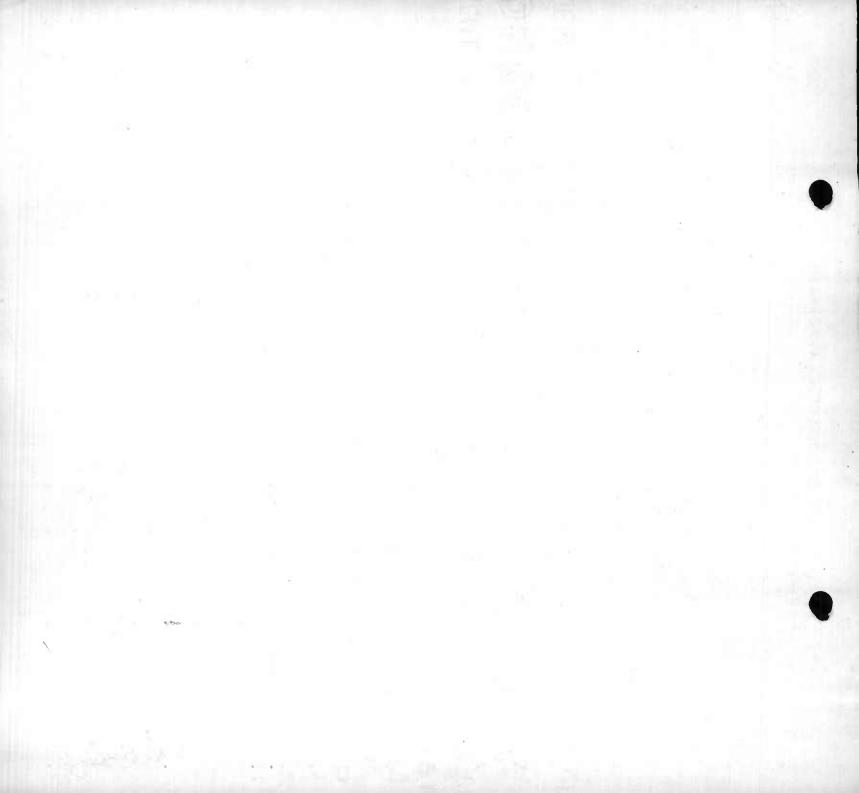
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MUNICIPAL DE LA PROPERTA DE LA CALLADA

	was a	0000	BALTIMORE CITY	Y HEALTH DEPART	MENT		70 00732
DIDTH NO	10	00732	CERTIFICA	TE OF DE	ATH REG.	NO	70 80706
BIRTH NO.					DATE AND HOUR OF	DEATH	C1
(Type or Print)	ANNETTA	A	• Wolf		January 16,		19:30 p
3. PLACE IN PA	LTIMORE MARYLAND W	HERE EKONOLI	NCEP-DEAD	4. USUAL RESIDE	NCE (Where deceased li	ived. If insti	tution: residence before admission
EKI	FICALE	AIYLE	パレビレ	Maryland	B. 0001111		7611
HOSPITAL OR	ADDRESS OR LOCA	ATION)	TION, GIVE STREET	C. CITY OR TOWN		In INSIDE	CITY LIMITS?
INSTITUTION	00/ 0 00:	0.1	2-11-70	Baltimor			ES NO
00	826 S. Clint	ton St.		E. STREET AND N			
00				826 S. C	linton St.		
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In y	ears	If Under 1 Yr. If Under 24 Hrs Manths; Doys Haurs; Min.
female	caucasian	WIDOWED	DIVORCED _	July 23,	1891	78	
	CUPATION (Give kind of work f working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or fareign country)		12. CITIZEN OF WHAT COUNTRY
housewi.				Baltim	ore, Md.		USA
3. FATHER'S NA				14. MOTHER'S MA			0011
0	nce Donnanfel			Amolia V	0000		
	rge Dannenfels		1 6. SOCIAL	Amelia Y	awker.		ADDRESS
Yes, na or unknow	d Ever in U. S. Armad For n) (If yes, give war or dote	s of service)	SECURITY NO.				
no			212-36-9857	Luther J.	Wolf, 1607		od Ave.Balto12
1B. 4	2 31		CAUSE OF DEAT	Н	0- 1/01.	HA1.	POSTOPPROXIMATE INTERVAL
DISEA	ASE OR CONDITION DI	RECTLY	1 arusi	Alleson	the Hear	4	
	LEADING TO DEATH		(A) IMMEDIATES A	dester o	Jailen	0	
(This daes	nal mean the made of , asthenia, etc. It means	dying, e.g.,	DUE TO, OR AS	A MONSEQUENCE O	F//		
	mplication which caused		0 (D) (1 /2	Janua	- Bris	alis	no severe
	ANTECEDENT CAUSES		I VI COUVER	204 .0004	- V 1		The second second
DISFASES	OR CONDITIONS, if	any giving	(B) DUE TO OR AS	A SONSEQUENCE	OF:		
rise la Il	he abave cause (A)			(Free	m - Ma -		
UNDERLYIN	IG CONDITION last.		(6)		100 / 100/		
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	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T		7. Theline	stool 7	Produce	1 470	nul
■ DISEASE OR	CONDITION GIVEN IN PAR	IT 1 (A).	, glycac	was a	Alle	gal,	24
E IVA. DATE O	OF OPERATION 198. CON	FORMED	HICH OFERATION	A. AUTOPSP!	(Yes at No. 208, W YE	ING CAUS	ES OF DEATH?
21A ACCID	ENT WAS UNDERLYING	1 1218	BLACE OF INTERVA	a should C WHI	THE DID	D. M	Colorado
OR CONTRIB	SUTING CAUSE OF	home	PLACE OF INJURY (e.g., i e, farm, factory, street o	ffice bldg., INJURY	CCUR?	n Baltimare (City, give exact location)
0	ly medical examiner)	etc.)					
OF INJURY	(Manth) (Doy) (Year)		INJURY OCCURRED		DID INJURY OCCUR	?	
(APPROX.)		Whil	e At At Werk			^	
22	y that (1) (this hospital	N = Annual Ab		161	1960 to	1111	1/ 1076
			16 1//	X:20		1000	Service (19 de
- /) last saw the decease					off opinio	an death occurred an the da
	nd fram the causes sta	ted abave	(We) (did) (did nat)	view the bady afte	er death.		
23A. SIGNAT	URE	11. 5		/		3	SE DATE SIGNED
mic	Dell W. V	vuis >	DEGREE Phy	ending Med vs. Med		L	Du 18 197
23C. PHYSICI	ANS	/	DEGREE	23D. ADDRESS		-	10000
NAME	Dr. Donald	W. Mint	zer	3009 Eve	rgreen Ave.	Balto.	Md.
24A. BURIAL CR	EMATION, 248, DATE		ME of CEMETERY OF CR		24D. LOCATION		tawn, ar county) (State)
REMOVAL	(Specify) 1/20/7	0					
burial		120			etery Baltimo	re, Md	
ZSA. DATE REC'I	D BY HEALTH DEPT.	BE JO		2SC. FUNERAL		0 Po	ADDRESS
JAN	22 19/0 000	عراق الم	sed rd	O Louisia	J. Bick, In	U Da	11.00, na14



2	70 91734 BALTIMORE CITY HEALTH DEPARTMENT 70 00734
B1 1.	RTH NO. Arthur French CERTIFICATE OF DEATH ; REG. NO. 101/34 RTH NO. Arthur French CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH
1.	NAME OF DECEASED 2. DATE AND HOUR OF DEATH
T	ype or Print) Luttheren Hospital 1-18-70 1 PM.
	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FH	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OSPITATION ADDRESS OR LOCATION) ID. INSIDE CITY LIMITS?
	4 6 Lutheran Hospital 3218 Westweed Ave YES NO E. STREET AND NUMBER
	SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months; Doys Hours; Min.
	Male Negro WIDOWED DIVORCED 3-7-87 82 Months Doys Hours
0	A. USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
IC	Truck Driver Baltimore, Maryland U.S.A
57	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Della Wilson
S	. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
ľ	No SECURITY NO. 218-03-1379A Cgristine French 3218 Westwood Ave
	18. / G a , / CAUSE OF DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF
	heart failure, ashenia, etc. It means the disease,
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
	DISEASES OR CONDITIONS, if any, giving Bue To, OR AS A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION last.
NC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE THEM NATURE OF CONDITION GIVEN IN PART 1 (A)
ATION	DISEASE ON CONTINUE CARE I (A).
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TO3	A 21A ACCIDENT WAS UNDERLYING 2018 NI ACC OF INVIEW AND A 101 ACCIDENT WAS UNDERLYING 2018 NI ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UND
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., DEATH (notify medical examiner) (If in Baltimore City, give exact location location)
•	
AAFDI	D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.)
~	Work At Work
	22. I certify that (1) (this haspital) attended the deceased fram 12-15- 1969 to 1-18- 1970.
	that (I) (we) ast sow the deceased alive an
	and hour and fram the causes stoted obave. (1) (We) (did) (did not) view the body ofter death.
	23A. SIGNATURE
	Subash C. Alunia M.) aggree Phys. Director Phys. 1-18-70.
	23 C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS
	SUBASH C. AHUTA MD Lutheran Hop, of manyland
24	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 1/22/70 Mt. Auburn Baltimore, Maryland
25	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
	IAN 22 1970 Rese July 10 Kelson F. H. 1348 N. Calhoun St.
1 10 11	5 150-REV. 1/1/6B



BIRTH NO.	735 CERTIFICA	TE OF DEATH	REG. NO.	70 00735
1. NAME OF DECEASED			HOUR OF DEATH	
(Type or Print) Bigham, Emm		1-1	9-70	1 4.00 -
3. PLACE IN BALTIMORE, MARYLAND, WHERE I	RONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived, If is	nstitution: residence before admiss
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION! Provident Hospit 1514 Division St		Maryland c. CITY OR TOWN Baltimore E. STREET AND NUMBER		SIDE CITY LIMITS? YES \(\text{NO} \)
Baltimore, Maryl		1113 Sheil	ds Place	
	RRIED NEVER MARRIED			II Under 1 Yr. , II Under 24
	OWED DIVORCED	Dec. 25, 1901	AGE (In years ost birthdoy) 68	Months Doys Hours Mir
10A. USUAL OCCUPATION (Give kind of work 108, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country!	12. CITIZEN OF WHAT COUN
none during most di working lite, even il telifed)			·	
Unemployed		Baltimore Mary	land	U.S.A.
George Cooper		Elizabeth		
	11.6 5001+1			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) lif yes, give wor or dotes of se	vice) 16. SOCIAL SECURITY NO. 218-22-1793	17. INFORMANT		ADDRESS
No		1	ham (Husba	nd) Same
18.450 X I	CAUSE OF DEATI	i i		APPROXIMATE INTERVA
injury or complication which coused death.)		emboli	V	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, is only is to the obove couse (A) sloting	IIIA	A CONSEQUENCE OF:	<i>V</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, ise to the obove couse (A) stoting UNDERLYING CONDITION last.	(c)	A CONSEQUENCE OF:	······································	
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, ise to the obove couse (A) stoling UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERM DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED OR CONTRIBUTINO CAUSE OF DEATH (notify medicol exomined) 21A. ACCIDENT WAS UNDERLYINO OR CONTRIBUTINO CAUSE OF DEATH (notify medicol exomined) 21A. ACCIDENT WAS UNDERLYINO OR CONTRIBUTINO CAUSE OF DEATH (notify medicol exomined) 21A. ACCIDENT WAS UNDERLYINO OR CONTRIBUTINO CAUSE OF DEATH (notify medicol exomined) 21A. ACCIDENT WAS UNDERLYINO ON CONTRIBUTION CAUSE OF DEATH (notify medicol exomined) 21A. ACCIDENT WAS UNDERLYINO ON CONTRIBUTION CAUSE OF DEATH (notify medicol exomined) 21A. ACCIDENT WAS UNDERLYINO ON CONTRIBUTION CAUSE OF DEATH (notify medicol exomined) 21A. ACCIDENT WAS UNDERLYINO ON CONTRIBUTION CAUSE OF DEATH (notify medicol exomined) 21A. ACCIDENT WAS UNDERLYINO ON CAUSE OF DEATH (notify medicol exomined) 21A. ACCIDENT WAS UNDERLYINO ON CAUSE OF DEATH (notify medicol exomined) 21A. ACCIDENT WAS UNDERLYINO ON CAUSE OF DEATH (notify medicol exomined) 21A. ACCIDENT WAS UNDERLYINO ON CAUSE OF DEATH (notify medicol exomined) 21A. ACCIDENT WAS UNDERLYINO ON CAUSE OF DEATH (notify medicol exomined) 21A. ACCIDENT WAS UNDERLYINO ON CAUSE OF DEATH (notify medicol exomined) 21A. ACCIDENT WAS UNDERLYINO ON CAUSE OF DEATH (notify medicol exomined) 21A. ACCIDENT WAS UNDERLYINO ON CAUSE OF DEATH (notify medicol exomined) 21A. ACCIDENT WAS UNDERLYINO ON CAUSE OF DEATH (notify medicol exomined) 21A. ACCIDENT WAS UNDERLYINO ON CAUSE OF DEATH (notify medicol exomined) 21A. ACCIDENT WAS UNDERLYINO ON CAUSE OF DEATH (notify medicol exomined) 21A. BURIAL CREMATION, 24B. DATE 24B.	ING ING INAL 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.) 21E. INJURY OCCURRED While AI Not While Work ded the deceased from 1 - 19 - 70 ve. (I) (We) (dId) (dId not) vi DEGREE Phys Atter DEGREE 4C. NAME of CEMETERY of CREA	20A. AUTOPSY? (Yes or No) Yes or obout 21C, WHERE DID lice bldg. INJURY OCCUR? 21F. HOW DID INJUR 21F. HOW DID INJUR 30 and that lew the body ofter deoth. 1ding Med. Show Director Ph 3D. ADDRESS Provider 1514 Division Sta	in (my) (our) oplo	L-19-70 19 mian death occurred on the d 238. DATE SIGNED 1-19-70 L, Inc. more, Maryland 2 by, town, or countyl (Stote)
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VS 150-REV. 1/1/68



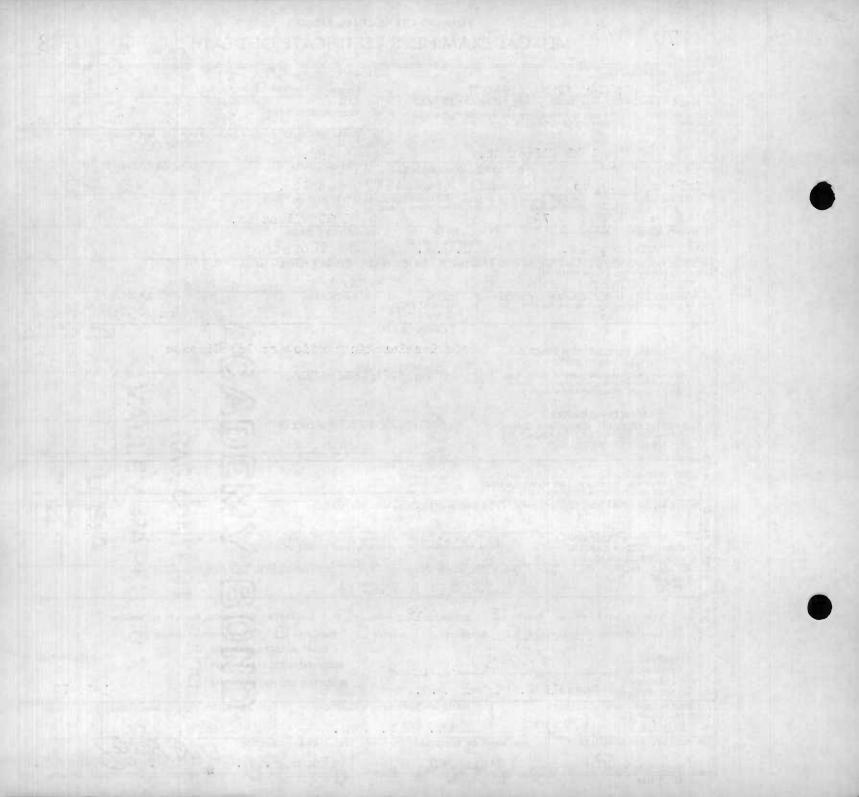
	70 10737 BALTIMORE CITY HEALTH DEPARTMENT	10 00000
	TH NO. CERTIFICATE OF DEATH Registered No.	70 00737
1. N	E CASE NO. 2. DATE AND HOUR OF DEATH	
(Тур	pe or Print) Houng, mr Hamilton W. 1-19-70	1 7:05/AM
3. P	PLACE OF DEATH IN BACTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If instituti	on: residence before odmission)
	FULL NAME OF (If not in hospital or institution, give street)	1529
1	HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURA)	L and give tawnship)
. /	100 Phillimse	
4	Mary land Conord Heigh to D. STREET ADDRESS (If rural, give location)	
-	3510 Fairview Ave.	
5. S	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift wild well) with day in the second of	Under 1 Yr. If Under 24 Hrs. oths: Days Haurs Min,
	12/13/27 82	
10A	N. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
done	Petirod madeland	W
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	Amencar
	Francisco 2	
15. 1	Wos Deceased Ever in U. S. Armed Forces? 116. SOCIAL 17. INFORMANT	ADDRESS
Yes	s,no ar unknown)(If yes, give war ar dates of service) SEC/RITY NO.	, , , , , , , , , , , , , , , , , , , ,
		Brooks Lanelize
	18. 15 7. 0 1 CAUSE OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES	
	heort foilure, asthenia, etc. II means the disease, injury or complication which coused death,)	
	ANTECEDENT CAUSES (B) Ca. of A Pancrease	
	DISEASES OR CONDITIONS, if ony, giving	
	rise to the obove couse (A) stoting the (C)	
	UNDERLYING CONDITION lost.	
7		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
CA	DISEASE OR CONDITION CAUSING IT.	NGS CONSIDERED
RTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDING CAUSES	OF DEATH? YED
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?	, give exoct locotion)
AL	OR CONTRIBUTING CAUSE OF home, form, factory, street, affice bldg., INJURY OCCUR?	
0		
ME	While At Not While	
	Waik At Wark	
	22. 1 certify that (this hospital) attended the deceased fram 1-12 1970 to 1	/
F	that (1) (-) last saw the deceased alive an	death occurred on the date
	and haur and fram the causes stated above. (1) ((did) (did) (view the bady after death.	
	23A. SIGNATURE	DATE SIGNED
	M.D. Allending Med. Stoff Phys. Phys.	1-19-70
	23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS	
	MANE (Type) W. M.D. 827 I is dead Al	Rath Mal
24A	A BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, 10-	wn, or county) /(Stote)
-	Burial 1/23/70 Arbutus Me. Park Baltimore, Mar A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAL 25C. FUNERAL DIRECTOR	
23A	JAN 22 1970 PESE FIBER AD 255. FUNERAL DIRECTOR Kelson F. H. 1348 N.	Barbar St.
15		oarmoun yo.
2	150-REV. 1/1/65	

Testernte Yearry underer The more than

70 99738

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PRO NO. 70 99738

BIR	TH NO.		77120			WWW TENCO			· ·	<i></i>	REG. NO.		7.7100	
1.	NAME OF DE	CEASED		7,1			2. DATE	Known		Month	Doy	Year	Hour	
(1At	oe or Print)	WTT.T.TAI	M JOHN	THORN	TOT	V	OF DEATH	Estimote	d 🗆					м.
4.	PLACE IN BA					UNCED DEAD	3. DATE			Month	Doy	Yeor	Hour	
	LNAMEOF	(IF NO	T IN HOSPITA	LORINSTI	ITUTIO	N, GIVE STREET	PRONOL	NCED DEA	ND .	1	19	70	2:30	A. M.
HO	SPITAL INSTITUTION	ADDRE	ESS OR LOCA	IION)			S LICITAL DE	CIDENICE	/\\/\-== d		ed. If institution			
"							A. STATE	SIDENCE	(where d		B. COUNTY	, residence L	eroresonins	ionj
	00		023 Wil					Md.				10	00	1
6.	SEX	7. RACE		8. MARRI	ED 🛚	NEVER MARRIED	C. CITY OR	IOMN			D. INSIDE CI	TY LIMITS?		
1	Male	Neg	ro	WIDOW	ED [DIVORCED	1	Balto.			V	ES E	по 🗆	
1	DATE OF BIRT		10.AGE (In	yeors	If Und	der 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMB	ER					
.Tr	ly 4,	1893	lost birthdoy	*	Month	Doys Hours Min.	102	3 Wilme	at C	-				
	BIRTHPLACE (76		12 CI	TIZEN OF	13. FATHER		OL C	L .				
				l'		HAT COUNTRY?								
	Blackst						-	Chornt						
14A done	USUAL OCCL during most of	JPATION (Giv	e kind of work !	4B. KIND	OF B	USINESS OR INDUSTRY	15. MOTHER	R'S MAIDEN	MAN P	E				
7	Truck I	driver					Mary							
14	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	?	17. SOCIAL	IB. INFORM	TANT			Al	DDRESS		
(4.4	es unknown) (It has all)	wor or dotes	of service)		288-03-413	B Wil	liam	Tho	rntor	ı Jr.	1510	Ellwoo	od
_	19.	1				CAUSE OF DEA						AP	PROXIMATE INT	ERVAL
	41	d. de							_			BETW	EEN ONSET AN	D DEATH
	DISEAS	SE OR COND	ITION DIREC	CTLY	E	Arterioscler	otic car	rdiova	scul	er dis	ease			
		LEADING TO				(A)IMMEDIATE C	AUSE							
		not meon the e, osthenio, etc				DUE TO, OR	AS A CONSEQ	UENCE OF:						
	Injury or co	mplication whl	ich coused de d	th.)										
		NUTCEDENIT	CALIFEE											
		OR CONDITI		GIVING		DUE TO, OR	AS A CONSEC	DUENCE OF	:					
	RISE TO TH	E ABOVE CA	USE (A) STAT	ING THE								2.54		
2	UNDERLYI	NG CONDIT	ION LAST.			(C)								
CERTIFICATION			11											
3	OTHER SIGN	ATH BUT NO	NDITIONS CO	ONTRIBUTI	ING									
프		RCONDITION			NAL									
RT	20A. DATE O	F OPERATIO	N 20B. CON	IDITION F	FOR V	WHICH OPERATION W	AS PERFORM	ED		100	17-11-11	21. AUTO	PSY? (Yes or	No)
\overline{c}	0												20	
7	22A. EXTER	NAL CAUSE	WAS	12	22B. PI	LACE OF INJURY(e.g.,	in or obout 2	2C. WHERE	DID (if	In Boltimor	e City, give exc		10	
EDIC.	UNDERLYING			Ī	home,	form, foctory, street, offic	e bldg., etc.) Il	VJURY OCC	CUR?	III DOMINIO		a. rotalianj		
奇	UTING C				. 1									
2	OF INJURY	(Month) (I	Doy) (Yeor) (Hour		E.INJURY OCCURRED		2F. HOW D	ID INJU	JRY OCCU	JR?			
	(APPROX.)						WHILE CORK							
	23.			III I										
	l cer	tify that I h	reld an l	nquiry _] .	Inspection 🖾 Au	topsy 🔲	and that	t on thi	s basis,	death in my	aplnian		
	resul	Ited fram: h	Natural cau	ses XX	Ac	cident Suicio	le 🗌 Ho	micide [U	ndetermin	ed manner			
				1	-/	1		CHIEF MED		AMINER	X	-0		
	ACTUAL	1	1	110	1	11.		STANT MED			ī		DATE SIGN	ED
	SIGNAT	TURE	- (/	119	-	M.D	•							
	EXAMIN	D.	1155e11	S. Fi	ish	er, M.D.	ASSO	CIATE MED	ICAL EX	AMINER		1.	-19-70	
-	A. BURIAL CRE	(-) b -)		~. ×.		NAME of CEMETERY	CDF444-C	NDV.	lass to	OCATION	lc:			
	MOVAL (Spec	ify)	24B. DATE					KT				n, or county)		2)
1	Buria	al	1/22/	70	B	Balto. Nat.	Cem.		Bal	timo	re, Mai	rylan	d	
25	A. DATE REC'E					OF REGISTRAR		UNERAL D	IRECTO	R	1 (A	DDRESS)	
		22 1970			-		Vo.7	Lson.	r u	4	1/4 G	Coxy	oun S	-
	10 1 11 1			154	ack	Cy Alle	ver	rahm.		e I)40 Ne	OGIN	ouil 5	٠.
VS	151-REV. 1/1/6	8		1	1	7.18	U	8	- C			17777		



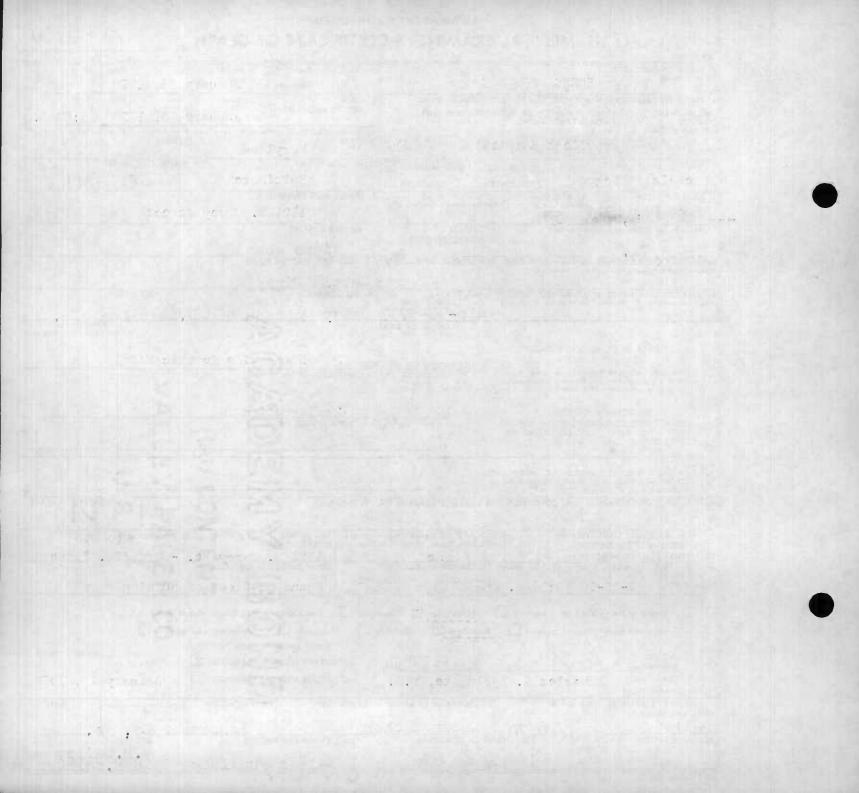
BALTIMORE CITY HEALTH DEPARTMENT		
CERTIFICATE OF DELLE	014 038	

BIRTH NO.	70 00	739 CERTIFICA	TE OF DEATH	REG. NO	70 00739
1. NAME OF DECEASED				ND HOUR OF DEATH	7.3
	Wells, Corri	ne	1_1	8-70	2:10 a.
3. PLACE IN BALTIMORE,	MARYLAND, WHERE PI	ONOUNCED DEAD	A. SYAYE B. COU	ere deceased lived, if in	stitution: residence before admission
FULL NAME OF (IF HOSPITAL OR AD INSTITUTION	NOY IN HOSPIYAL OR I	NSTITUTION, GIVE SYREET	Maryland C. CITY OR TOWN		DE CITY LIMITS?
	ident Hospit	al Tro	Baltimor		
	Division St		E. STREET AND NUMBER	<u> </u>	YES NO NO
Balt	imore, Maryl		1120 Rig	gs Avenue	
5. SEX 6. RACE		RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un years	If Under 1 Ys. If Under 24 Hi Months Days Hours Min.
Female Ne		WED X DIVORCED	6-25-07	lost birthdays	Months Days Hours Min.
done during most of working life Domsetic	(Givs kind of work 10B, KIN o, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote ar for	eign country!	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME			St. Mary"s Ct	. Maryland	U. S. A.
William Di			Mary Barb		
5. Was Deceased Ever in U Yes, no or unknown) (If yes,	. S. Armed Forces?	16. SOCIAL	17. INFORMANY		ADDRESS
No	, , , , , , , , , , , , , , , , , , , ,	SECURITY NO.	Mrs. Viola Rog	ers (Sister)	Same
18. 410.9	1	CAUSE OF DEAT			APPROXIMATE INTERVAL
UNDERLYING COND	11	(c)	A CONSEQUENCE OF:		
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A-DATE OF OPERAYION	TRELATED TO THE TERMII	NAL			
2 OF OPERAYING	WAS PERFORMED	OR WHICH OPERATION	Yes	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEAYH?
21A ACCIDENT WAS I OR CONTRIBUTING C DEATH (notify medical of	INDERLYING [] CAUSE OF examined	21B PLACE OF INJURY (e.g., in home, farm, factory, street, aff etc.)	or about 21 C. WHERE DID INJURY OCCUR?	(If In Baltimare	City, give exact location)
	(Day) (Yearl (Hour)	21 & INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At Not While Work	יח ו		
22. I certify that (1) (this hospital) attend	ed the deceased from	10.70	**	
that (i) (we) last saw					L8-70 19
		e. (1) (We) (did) (did not) vi	and th	at in(my) (aur) apin	ion death accurred on the dat
23A. SIGNAYURE	/ couses sidied abov	es (1) (me) (ala) (ala not) VI	ew the bady offer deoth.		
0	aledo	Atter	nding Med.		23B, DATE SIGNED
23C. PHYSICIAN'S	(10)	DEGREE Phys.	. Director L	Staff Phys.	1-18-70
23C. PHYSICIAN'S NAME (Yypel	Laredo	1	3D. ADDRESS Provide .514 Division St		
A. BURIAL CREMATION, REMOVAL (Specify)		DEGREE OF CEMETERY OF CRE			, lown, or county] (State)
Burial	1/22/70	Mt. Auburn Ce	Control Control		the state of the s
SA, DATE REC'D BY HEAL	H DEPT 258 NA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	Baltimore,	
<u>LAN 22 19</u>	10 Robert E.N	aber M.D.	Kelson F. A.		Caffioun St.
S 150-REV. 1/1/68					



J-525

I. NAME OF DEC	nez IRENE	JOHNS	SON	2. DATE Known COF DEATH Estimoted	-	lary 15	, 1970	Hour
4. PLACE IN BAI FULL NAME OF HOSPITAL	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INST	ONOUNCED DEAD	3. DATE PRONOUNCED DEAD	Month Janu	Day nary 15	, 1970	5:00 A.
OR INSTITUTION	Provident		ital (DOA)	5. USUAL RESIDENCE (WA. STATE Mary)		B. COUNT		
Female	7. RACE Negro	B. MARRI	IED NEVER MARRIED	C. CITY OR TOWN Balti	imore	D. INSIDE	YES TO	NO 🗆
May 13	lost blethde	n yeors	H Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		R N. Care	v Stree		NO L
A SHALL SHAL	State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Tidus Jo				
4A.USUAL OCCU	PATION (Give kind of work working life, even if retired)	14B. KIND	OF BUSINESS OR INDUSTR	Hattie Digg	NAME			
6. WAS DECEAS Yes, no or unknown	ED EVER IN U.S. ARMEI	D FORCES of service)	SECURITY NO.	18. INFORMANT		N Co.	ADDRESS	C.
19. E 8	70 Xi		CAUSE OF DEA	7 Daisy Johns	5011_621	J W. Ca	A	PPROXIMATE INTERV
(This does no heart failure	GE OR CONDITION DIRE LEADING TO DEATH not mean the mode of dy e, asthenta, etc. It means the mplication which caused de	ying, e.g., e diseose,	(A)IMMEDIATE (DUE TO, OR	CAUSE Carbon mor	noxide i	ntoxica	ation	
(This does not heart failure injury or cost of the DISEASES TO THE UNDERLY!!	LEADING TO DEATH not mean the mode of dy a, asthenta, etc. It means the	ying, e.g., e diseose, oth.)	DUE TO, OR	011000		ntoxica	ation	
(This does not heart failure injury or cost injury	LEADING TO DEATH not mean the mode of dy, asthenia, etc. It means the mplication which caused de NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA NG CONDITION LAST. II NIFICANT CONDITIONS C ATH BUT NOT RELATED TO R CONDITION GIVEN IN P	ying, e.g., e disease, oth.) Y, GIVING THE ONTRIBUTI OTHE TERMI	(B)	Conflagrat AS A CONSEQUENCE OF:		ntoxica	ation	
(This does not heart failure injury or cost injury	LEADING TO DEATH not mean the mode of dy, asthenia, etc. It means the mplication which caused de NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA NG CONDITION LAST. II NIFICANT CONDITIONS C ATH BUT NOT RELATED TO R CONDITION GIVEN IN P	ying, e.g., e disease, oth.) Y, GIVING THE ONTRIBUTI OTHE TERMI	(B) DUE TO, OR (C)	Conflagrat AS A CONSEQUENCE OF:		ntoxica		DPSY? (Yes ar No
OTHER SIGN TO THE DE DISEASE OF INJURY (APPROX.)	LEADING TO DEATH not mean the mode of dy, asthenia, etc. It means the mplication which caused de NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STANG CONDITION LAST. INTECANT CONDITIONS CATH BUT NOT RELATED TO R CONDITION GIVEN IN P F OPERATION 20B. CO	ying, e.g., e disease, oth.) Y, GIVING THE ONTRIBUTI THE TERMI PART I (A).	(B)	Conflagrat Conflagrat AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS PERFORMED In ar obout 22C. WHERE D te bldg., etc.) INJURY OCCU 1121 N. 22F. HOWDID	ion ID (If In Boltim. R? Carey	ore City, give St. ~ 5	21. AUTO exoct location) 3rd flr	No /60/ front
(This does not heart failure injury or continuity or conti	LEADING TO DEATH not mean the mode of dy, c, asthenia, etc. It means the mplication which caused de NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA NG CONDITION LAST. II NIFICANT CONDITIONS CA ATH BUT NOT RELATED TO R CONDITION GIVEN IN P F OPERATION 20B. CO CONDITION 20B. CO CONDITION 20B. CO CONDITION 20B. CO CONTRIB- AUSE OF DEATH. (Month) (Dov) (Yeo 1-15-70 3:1 tify that I held an ited fram: Natural causes LURE Charles Type)	ying, e.g., e disease, oth.) Y, GIVING THE ONTRIBUTION F THE TERMINANT I (A). NDITION F I (Hour LA A. Inquiry Lases Lase	(B) DUE TO, OR (C)	Conflagrat Conflagrat AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS PERFORMED AS P	ID (If in Boltim R? Carey INJURY OCC On floor on this basis Undeterm AL EXAMINER	ore City, give St. ~ 5 CUR? of but death in a	21. AUTO exoct location) 3rd flr rning re	No /60/ front
(This does not heart failure injury or continuity or conti	LEADING TO DEATH not mean the mode of dy, asthenia, etc. It means the mplication which caused de NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STANG CONDITION LAST. INFICANT CONDITIONS CATH BUT NOT RELATED TO RECONDITION GIVEN IN P F OPERATION 20B. CO CONDITION (20B. CO) CONDITION (20B. CO) CONDITION (20B. CO) CONTRIBUTION (20B. CO	ying, e.g., e disease, oth.) Y, GIVING THE ONTRIBUTION F THE TERMINANT I (A). NDITION F I (Hour LA A. Inquiry Lases Lase	TING (C) TING (NAL FOR WHICH OPERATION W 228. PLACE OF INJURY (e.g., home, form, foctory, street, office home (C) 22E.INJURY OCCURRED WHILE AT NOT Conflagrat Conflagrat AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS PERFORMED AS PERFORMED AS PERFORMED AS PERFORMED ASSOCIATE MEDIC CONSEQUENCE OF: AS PERFORMED Carey INJURY OCC INJUR	ore City, give St. ~ 5 CUR? of but death in a sined manne	21. AUTO exoct location) 3rd flr rning re	No // // // // front coom DATE SIGNED 15, 1970 (Stote)		



11-153/61		BALTIMORE CITY HEALTH DEPARTMENT	
and sath the the		BIRTH NO. 70 00741 CERTIFICATE OF DEATH REG. NO. 70 00741	
- W B W		Type or Print To Land Hour of DEATH	
of del	3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Wester deceased lived, If institution: residence before odmis:	M
hospita se of (5) Dec ance o		A. STATE B. COUNTY	(non)
		FULL NAME OF ADDRESS OR LOCATION) IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CHY OR YOWN D. INSIDE CITY LIMITS?	
0 8 9		(luciensity of Maryland Hospita) BALTIMORE YES IN NOT	
T		38 E. STREET AND NUMBER 306 N. FREMONT AUR	
- 200 0	5,	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 1 1/2 Under 1 1/2 1/2 Under 1 1/2 1/2 Under 1 1/2 1/2 Under 1 1/2 1/2 Under 1 1/2 1/2 Under 1 1/2 1/2 Under 1 1/2 1/2 Under 1 1/2 1/2 Under 1 1/2 1/2 Under 1 1/2 1/2 Under 1 1/2 1/2 1/2 Under 1 1/2 1/2 Under 1 1/2 1/2 Under 1 1/2 1/2 Under 1 1/2 1/2 Under 1 1/2 1/2 1/2 Under 1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1	Hrs.
th occurrent contribution of the contribution	- 11	WIDOWED DIVORCED 12/24/97 Hours Min	1.
ath dete in r		OA. USUAL OCCUPATION (Give kind of work) TOB, KIND OF BUSINESS OR INDUSTRY 11. BINTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY OF WHAT COUNTRY II.	IT RYT
dea Uno as	13	DAYLOR URGINIA U.S.H.	
. # 9€3±ë		14. MOTHER'S NAME	
stant stant ne dir ind; (leath	15	5. Was Deceosed Ever in U. S. Armed Forces? (es, no or unknown) [Ilf yes, give war ar dales af service) ADDRESS ADDRESS ADDRESS	
RTAR ssistanthe children children children	a	ADDRESS SECURITY NO. 1. INFORMANT SECURITY NO.	
IMPORTANT r his assistant Also, if the dir of any kind; (ounced death ittendance on	-	18. A 10. 9 CAUSE OF DEATH APPROXIMATE INTERV	A.I
IMPO or his a: Also, if e of any nounced attenda		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Myocardial Tofarction - ASCUA 14/9	ATH
0 - 5 - 6 -		A LA MANAGE OF THE PARTY OF THE	••
Miner niner. fractu o pro gular		(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)	
Xamir Kamir A fra who		ANTECEDENT CAUSES (R)	
RECTOR: examiner. 3) A fractural who profin regular is are emba	1	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stoling the	84
DIRECTOR: lical examiner cal examiner ns; (3) A fractu ician who pro as in regular ains are emba		UNDERLYING CONDITION lost, (c) with upper cook thing was	
	Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	_
ERAL ef med dy bu e phy- cian v	NEW YEAR	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**
Z = 0 = N+	CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
FUN tal by a p; (2) Boo here the to physic	3	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, affice bidg. INJURY OCCUR?	
==	Z¥ S	DEATH Inabity medical examine? home, form, foctory, sheet, affice bidg. INJURY OCCUR?	
proved by the hospital my nature; (except whe and (6) No obtained be	MEDICAL	OF INJURY OCCUR?	_
ove nd con	~	Work At Wark	
		22. I certify that (I) (this hospital) attended the deceased from 1/17 19 to 1/17 19 10	
P + 2 E + 3		that (1) (we) last saw the deceased alive on 117 19 70 and that In (my) (sa) opinion death occurred an the d	ate
nust be a leased t ident of hospital o death)		and haur and from the causes stated above. (1) (We) (dld) (dtd not) view the bady after death. 23A, SIGNATURE 23B, DATE SIGNED	_
must breleasec		Kichard Dawn O. D. Attending Med. Stuff Director Phys.	
ior over		23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	_
This certificate muthe body was releshows: (1) An accidwas D.O.A. at a hudeceased prior to written approval r	24	School A. South M.W While esty of Maryland Hospital	
in your	24	A BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)	
This certi the body shows: (1 was D.O. deceased	25	1/23/70 Burial Mt Juburn Cemetry Baltimore Md A DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 1/N 22 1970 P.C. & E. Jelle M.D. 10 Pha. Stead 1206 W North AVe	
This the bahow was dece	11	14N 22 1970 P.C. & E. Jaben M.D	
		150-REV. 1/1/68	



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APPROXIMATE INTERVAL

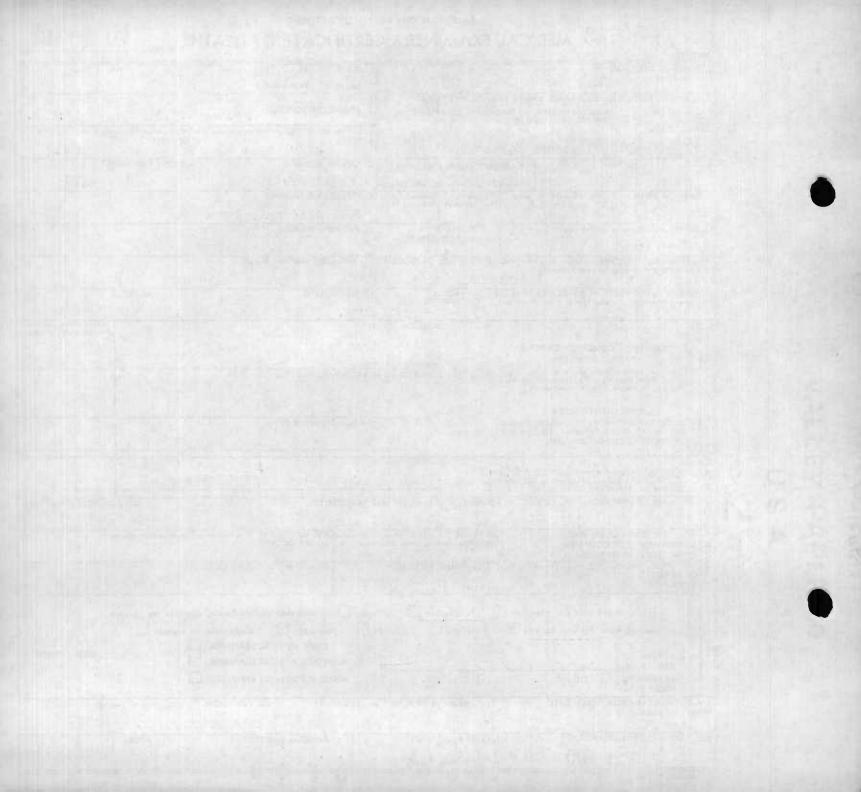
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IMPORTANT DIRECTOR: FUNERAL



BALTIMORE CITY HEALTH DEPARTMENT

ВІ	RTH NO.	0.0743	MED	ICAI	. E>	CAMINER'S	CERTIF	ICATE (OF I	DEAT	H REG. NO.	70	00743
1.	NAME OF DE						2. DATE	Known [5	Month	Doy	Yeor	Hour
L	•	LUCYA					OF DEATH	Estimoted					M.
FU	PLACE IN BA	(IF NO		LORINS		ON, GIVE STREET		DUNCED DEA	J		y 21,19		11:05A. _{M.}
01	O	1742 A1	liceann	e Str	eet		5. USUAL A. STATE	Maryla:		deceased li	B. COUNTY	n: residence	before odmission)
6.	SEX	7. RACE		B. MARE	RIED	NEVER MARRIED	C. CITY C	RTOWN			D. INSIDE C	TY LIMITS?	
L	Male	Whi	te	WIDOV	VED [DIVORCED [Ba1	timore			Y	ES 🖺	NO 🗆
9.	DATE OF BIR $2/15/0$		10.AGE (In lost birthdo			der 1 Yr. If Under 24 Hrs. hs, Doys Hours Min.		Alicea		Stree			
11.	BIRTHPLACE		gn country)		W	ITIZEN OF		R'S NAME	oni				
14/	USUAL OCC	UPATION (GI	ve kind of work	48. KIND		USINESS OR INDUSTRY	15. MOTH						
dor	Watchm		ven itretired)	Aru	nde	el Corn.		War	abe	Karw	nska		
16.	WAS DECEA	SED EVER IN	U.S. ARMED	FORCE	5?	17. SOCIAL	18. INFO		2000	72002 11		DDRESS	
(1e	No or unknow	n) (it yes, give	wor or dotes	ot service	2	SECURITY NO.	Mrs. I	Helen I	inh	5. 3	St. Mic	hael!	s Wav
	19.	19				CAUSE OF DEA	<u> </u>			-3 -2	000000	A	PPROXIMATE INTERVAL
	DISEA	SE OR CONE	NITION DIREC	TIV		Fatty L	iver					BEIA	WEEN ONSET AND DEATH
	DISEA	LEADING TO		. 161		(A)IMMEDIATE C							
	(This does	not mean the	mode of dyl	ng, e.g.,		DUE TO, OR		QUENCE OF:					
	injury or co	mplication whi	ch coused deo	th.)									
		NTECEDENT	CAUSES			(0)							
	DISEASES	OR CONDITI	ONS. IF ANY	GIVING		DUE TO, OR	AS A CONS	EQUENCE OF:					
-	UNDERLY	HE ABOVE CA	ION LAST.	ING THE		(0)							
0						(c)							
CERTIFICATION	OTHER SIG TO THE DE DISEASE O	NIFICANT COL EATH BUT NO R CONDITION	T RELATED TO	THE TERM	INAL						P00-1000		
ERT	20A. DATE C					VHICH OPERATION WA	S PERFOR	MED				21. AUTC	PSY? (Yes or No)
	0											no	
SICAL	UNDERLYIN	RNAL CAUSE	ITRIB-		228. PI home,	LACE OF INJURY(e.g., larm, loctary, street, office	in or obout bldg., etc.)	22C. WHERE I	DID (If	in Boltimo	re City, give exc		
MEDI	22D. TIME	(Month) (I	ATH. Doy) (Yeor) (Hou	1 122	E.INJURY OCCURRED		22E 110W DU	D 15111	IDV OCC	IDO		
	OF INJURY (APPROX.)	(Monny (204) (1601)	(1100)		HILE AT NOT	WHILE ORK	22F. HOW DII	אנאוו ט	JRT OCCI	JKF		
		tify that I h		quiry [opsy 🗌		on thi	s basis,	death in my	opinion	
	resu	Ited from: A	oturol cous	es X	Ac	cident Suicid	• 🗌 H	lomicide 🗌	U	ndetermi	ned monner [
	ACTUA		l ed	21/	for	the	Δ\$\$	CHIEF MEDIC					DATE SIGNED
	SIGNA	NER'S RO	nald N	. Kor	nb1	um, M.D.	•	OCIATE MEDIC				1/2	1/70
24 RE	A. BURIAL CRE MOVAL (Spec	MATION.	248. DATE		240	. NAME of CEMETERY		ORY		CATION		, ar county) (Stote)
L	Buria	1	1/23/	70		Holy Rosan	y	102 3	Ba]	Ltimo	re, Md	. 2	1222
25	A. DATE REC'E	BY HEALTH	DEPT.	25B. N	AME C	OF REGISTRAR		FUNERAL DIR				DDRESS	
	10	N 221	970 R	Jest &	5 3	aber, M.D.	1.1	F.SADOV	VSKI		SONS, 18	08 EA	ASTERN AV
V5	151-REV. 1/1/6	8		1	1				0				-



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DIRECTOR:

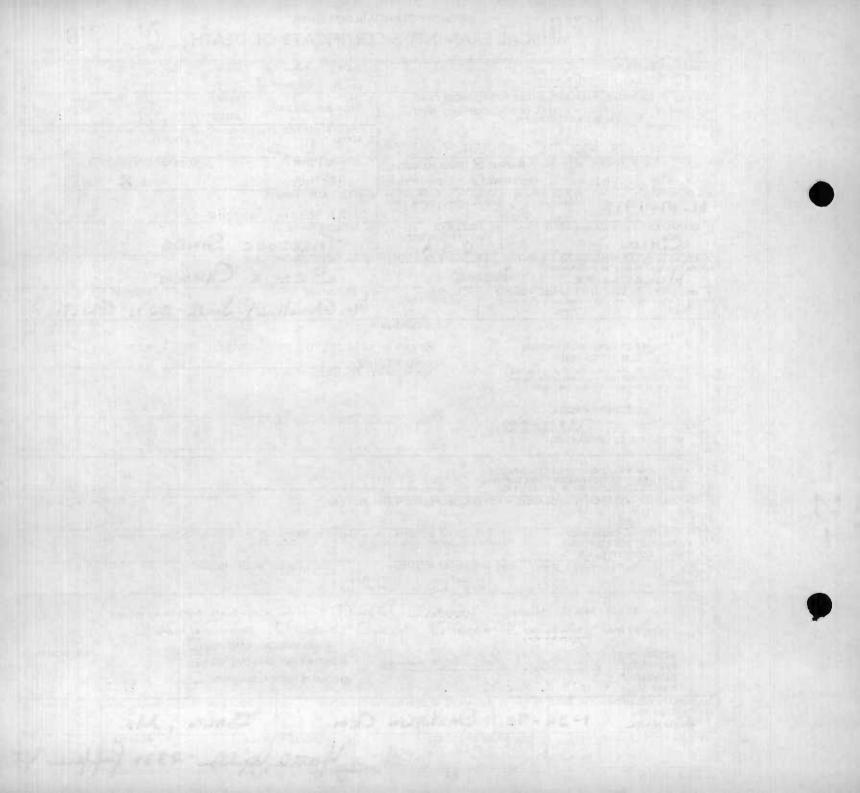
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	BALLIMOKE CIT HEALTH DEPARTMENT	page 3
AL	EXAMINER'S CERTIFICATE OF DEATH	10

70 00746 BALTIMORE CITY HE	70 00046
MEDICAL EXAMINER'S (LEKTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED / AUGS	2. DATE Known Month Doy Year Hour
(Type or Print) BERNICE SMITH	OF Editorated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD January 20,1970 10:00 Pm.
	5. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
CHURCH HOME AND HOSPITAL (DOA)	Maryland 607
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore YES NO 🗆
9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 10. AGE (In years Months, Doys, Hours, Min.	E. STREET AND NUMBER
t1. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	32 N. Chester Street
WHAT COUNTRY?	THEODORE SINES
0.3.7.	
done during most of working life, even il retired) HOUSE WIFE HOME	BESSIE CARSON
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(II yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	Mr. Christian P. Smith - 32 N. Chaster St.
19. CAUSE OF DEA	1
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterio	sclerotic Cardiovascular Disease
(A)IMMEDIATE C	AUSE AS A CONSEQUENCE OF:
heart follure, asthenia, etc. It means the disease, Injury or complication which coused death.)	S A CONSEQUENCE OF:
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
ō	no
Z2A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. 228. PLACE OF INJURY (e.g., home, form, loctory, street, office	in or about 22C, WHERE DID (If in Baltimore City, give exact location)
UTING CAUSE OF DEATH.	
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)	22F. HOW DID INJURY OCCUR?
23.	JKK 🔲]
	opsy and that on this basis, death in my apinion
resulted from: Notural couses 🗵 Accident 🗌 Suicid	
ACTUAL () 0 M / 1	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE Muld Kunt M.D.	ACCICTABIT MEDICAL EVAMINED IVI
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 1/21/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	
BURIAL 1-24-70 DAKLAWN	CEM. BALTO., MD.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
	- + site would - 2334 Jefferson for
VS 151-REV. 1/1/68	0 3



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH	70 00747 No.	MEDICAL	EXAMINER'S	CERTIFIC	CATE OF	DEATH	REG. NO.	70	0074	.7
	ME OF DECEASED			2. DATE	Known 🔯	Month	Doy	Yeor	Hour	
(lype o	r rriniy	VIRGINIA I	EWIS	OF DEATH	Estimoted	Januar	ry 15,	1970		M.
	CE IN BALTIMORE, MARY	LAND, WHERE PR	ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NA	AME OF THE DORES	OR LOCATION	MENDED	PRONOU	NCED DEAD	Januar	ry 15,	1970	9:20	A .M.
OR AS	n IUU IN.	Carlton St Favette	reet 4-4-10	5. USUAL RESIDENCE (Where deceosed lived, if Institution: residence before odmission) A. STATE B. COUNTY						
6. SEX	7. RACE		ED NEVER MARRIED	C. CITY OR T			D. INSIDE CI	TY LIMITS?	1 10.5	
Fe	male Negro	WIDOW			Baltimor	e	VE	es 🗓	но 🗆	
	E OF BIRTH	O. AGE (In years	If Under 1 Yr. II Under 24 Hrs. Months: Days Haurs : Min.	E. STREET AT	ND NUMBER			2 22		
	HPLACE (State or foreign	country)	12. CITIZEN OF	13. FATHER'S	839 W. F	ayette	Street			
	Vr	array m.	WHAT COUNTRY?				1.			
dane dur	JAL OCCUPATION (Give kling most of warking lile, even	nd of work 148. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHER	S MAIDEN NAM	ΛĒ			1 - 15	
				Anni	e Crews	3				
16. WA	S DECEASED EVER IN U.S ar unknawn)((11 yes, give war	ar dates of services	? 17. SOCIAL SECURITY NO.	18. INFORMA	ANT		Al	DDRESS	Carlotte E	
				79 Anni	e Crews	871	w. Fay	rette	St.	
IFICATION	DISEASE OR CONDITION LEADING TO Inlis does not mean the mo eart foilure, asthenia, eic. It in houry or complication which o ANTECEDENT CA DISEASES OR CONDITION ISE TO THE ABOVE CAUSE INDERLYING CONDITION OTHER SIGNIFICANT CONDITION OTHER DEATH BUT NOT RE DISEASE OR CONDITION GIVE	EATH Ide of dying, e.g., meons the disease, oused deoth.) LUSES IS, IF ANY, GIVING E (A) STATING THE N LAST. ITIONS CONTRIBUT LATED TO THE TERMI VEN IN PART 1 (A).	(B)(C)	AS A CONSEQU	JENCE OF:	f liver			PSY? (Yes or	
뜅			OK MINON OF EKAMOR W	A TEKTOKINE				21. 4010	7317 (1630)	140)
UII 22D OF	EXTERNAL CAUSE WAS DERLYING OR CONTRI NG CAUSE OF DEATH. TIME (Manih) (Day) NJURY PROX.)	B. (Year) (Hour	WHILE AT NOT	e bldg., etc.) IN.	. WHERE DID (URY OCCUR?			ct location)	Yes	
REMO	NAME (Type)	arles S. S DATE DATE DET. 25B. No.		ASSIST ASSOC	HIEF MEDICAL ES	AMINER EXAMINER EXAMINER EXAMINER EXAMINER	Jé	j	DATE SIGN 15, 19	970
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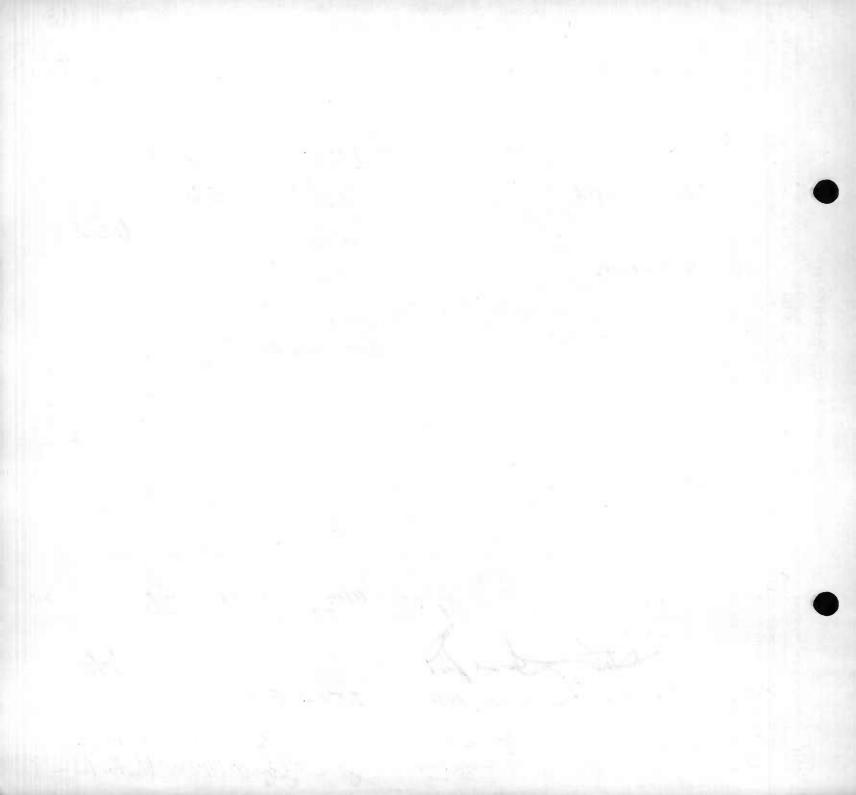
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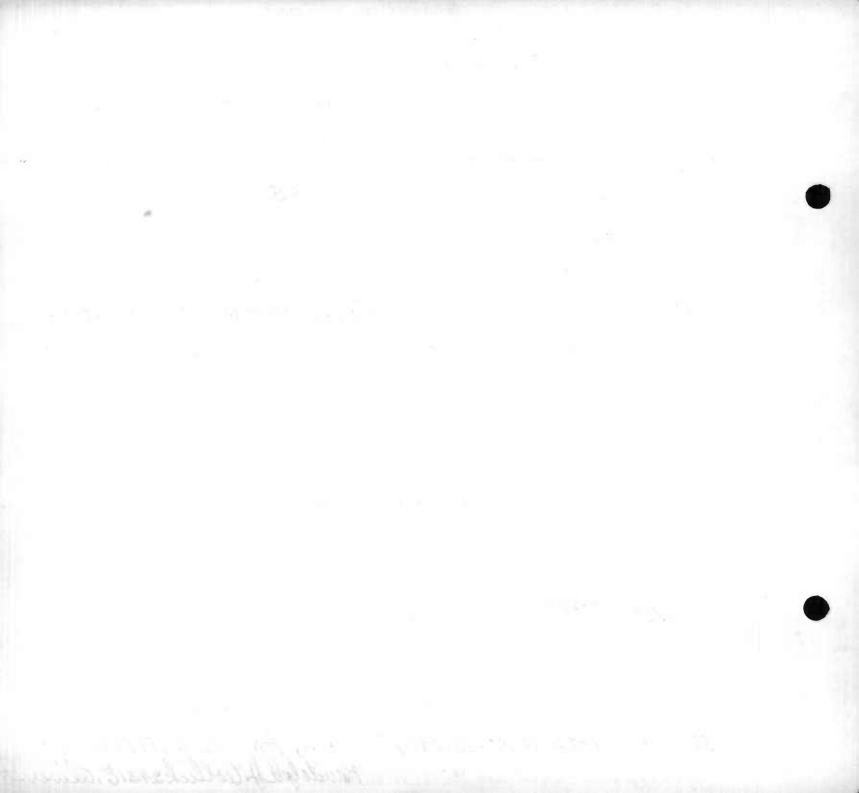
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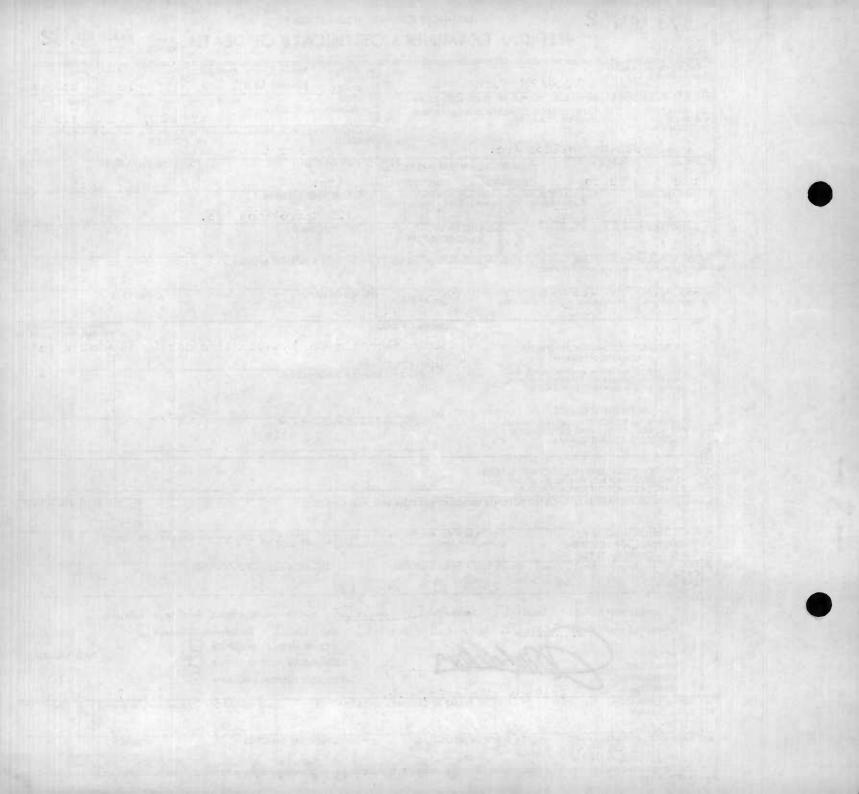






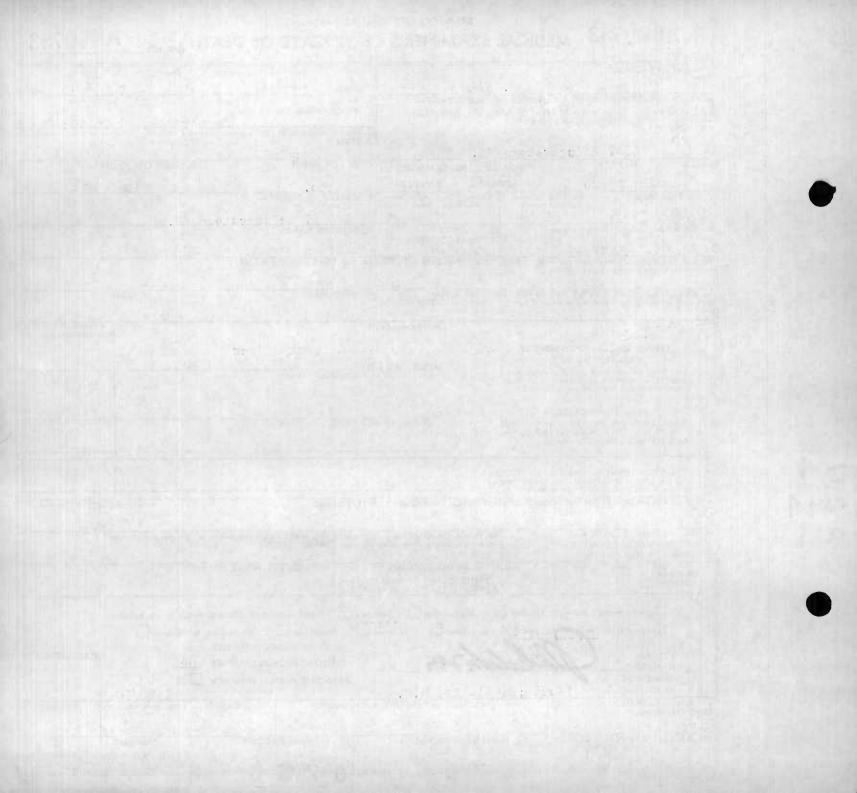
1-9. 1		3.4	1	-		0
70	4	11	3	6	C	2

R-200	70 00752 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	70 00752	
	1. NAME OF DECEASED 2. DATE Known Month Doy	Year Hnur	
	BENJAMIN ROSS OF Estimoted 1 20	70 5:35 a _M	
7.77	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day	Yeor Hour	
A STATE OF THE PARTY OF THE PAR	HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PRONOUNCED DEAD January 20,		
FILE	J. USUAL RESIDENCE (Where deceased lived, 8 institution		
	926 Carrollton Ave. Maryland	ollton Ave. Maryland	
		CITY LIMITS?	
	Male Negro WIDOWED DIVORCED Balto.	YES NO	
	Months; Doys; Hours; Min.		
4	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME		
1	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
	14A, USUAL OCCUPATION (Give kind of work) 4B, KIND OF RISINFSS OF INDUSTRY 15 MOTHER'S MAIDEN NA ME		
4	14A. USUAL OCCUPATION (Give kind of wark 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during mast of warking life, even if refired)		
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT	ADDRESS	
	(Tes, na of unknown) (it yes, give wer of dates of service) SECURITY NO.	1. t. 12/1/	
	19. CAUSE OF DEATH	APPROXIMATE INTERVAL	
	4/8	BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY Arteriosclerotic and hypertensive cardiovascular disease LEADING TO DEATH		
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or camplication which caused death.) (A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:		
	Injury or camplication which caused death.)		
Mark Control	ANTECEDENT CAUSES (a)		
1.31 31	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes ar No)	
		YES	
	UNDERLYING TOP CONTRIB	xoct lacation)	
	UTING CAUSE OF DEATH. 220. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?		
	OF INJURY (APPROX.) WHILE AT NOT WHILE		
	23.		
	I certify that I held an Inquiry Inspection Autopsy XX and that on this basis, death in my opinion		
	resulted from: Natural equses XX Accident Suicide Homicide Undetermined monner		
	CHIEF MEDICAL EXAMINER		
et .	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER XX	DATE SIGNED	
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER		
		/20/70	
	REMOVAL (Specify)	vn, ar caunty) (State)	
	Bunch Jay 23-197 13/1at Con Bally	nex	
	JAN 22 1970 258, NAME OF REGISTRAR 25C FUNERAL DIRECTOR	ADDRESS	
	- DO DO DENTY (MEDILON 10 MI)	Brunta K	
V	/S 151-REV. 1/1/68		

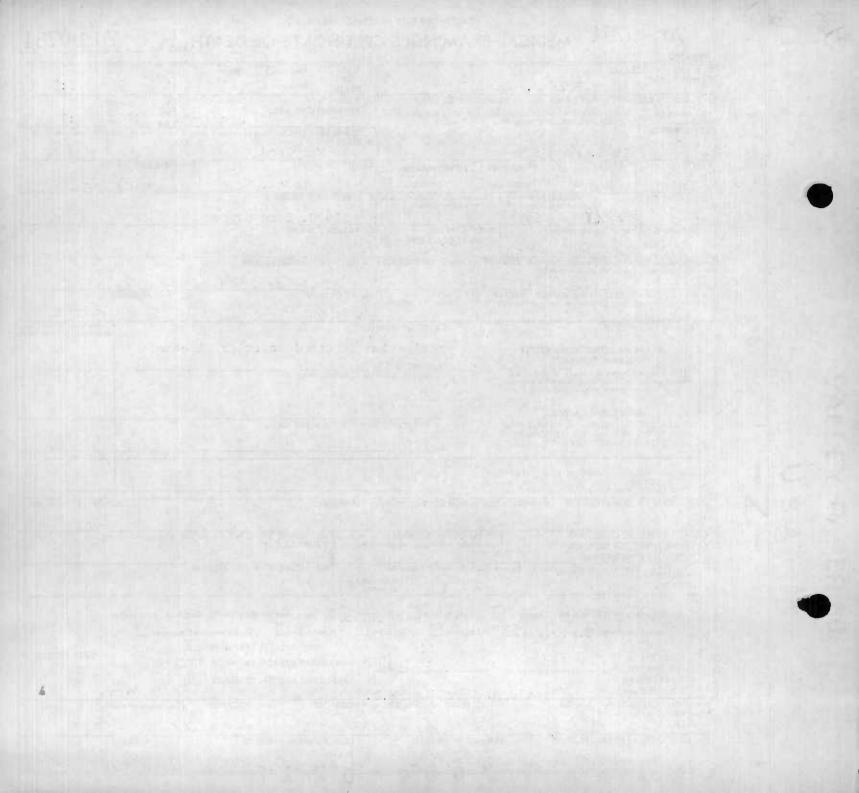


BALTIMORE CITY HEALTH DEPARTMENT

RIR	70 0 TH NO.	1)753	MED	ICAL					DEATH	REG. NO	70	0075	3
		EASED				112	DATE	Known [7]	Month	Day	Year	Hour	
(Тур	e or Print)	LAJES	CAMAT	ים ים	ממעמ	2.	OF		MOIIII				
4 4	NACE IN DAL	TIMORE MA					DEATH	Estimoted L	March		70	3:40 F	M.
						3.		NCFD DFAD	Month	Doy	Teor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)									Janu	ary 19	1970	3.40	n.M.
OR	INSTITUTION							ESIDENCE (Where	deceased liv	ed. If institution:			क्ते)
	00	4557 D-		4 05	n.J	A	. STATE	36 7		. COUNTY	1	711	
4 4	SEX 2						CITY OF			D INCIDE CIT	V IOUTES	110	
J. :	DEA.	/. KACE		° MARR	IED WEVER MARRI	ED L	. CITY OR	TOWN			100		
	Female	Negro		WIDOW	ED DIVORC	ED 🔲	Ba1t	.0.	53 77	YES	· 🗵	NO 🗌	
9. [ATE OF BIRTH		10.AGE (In										
2	Mr. A.	3 DD	lost birthdoy		Months: Doys , Hours	Min.							
11	well lo	2-30			10 61717521 05	†	45	57 Reiste	rstown	Rd.			
11.	BUTHPLACE (S	tote or loreig	in country)				J. FATHER	NAME			1		
1	10, H, 1	1 sulle	uc.	Li-Ei	11. A A THE		1	erma	1	mos	on		
44	USUAL OCCU	PATION (Giv	e kind ol work	48. KIND	OF BUSINESS OR IN	DUSTRY 1	5. MOTHE			1			
one	during most of w	orking life, ev	en Ifretired)				-	10	1(). 4	5			
							XI	well !	MICK	elsor	-		
6. Ya-	WAS DECEASE	ED EVER IN	U.S. ARMED	FORCES		IO IE	B. INFORA	MANT	0	AD AD	DRESS		11,11
. 63	, iis or onknown)	(1.) cs, Give v	MA doles	, 301 VICE	JECOKIII IV		V111	1000 1	Just	nie me	1	/	
1	19. /	-5	PV		CAUSE O	DE DEATH	Xun	and A	merc	anno			
	5 11.	8 1			CAUSE	, DEATH					BETY	VEEN ONSET AND	DEATH
	DISEAS	E OR COND	ITION DIREC	TLY				Fatty liv	er				
		LEADING TO	DEATH		/ANIMME	DIATE CAL	JSF						
								UENCE OF:					
	heort foilure,	, osthento, etc	. It meons the	th.)									
				,									
	AA	NTECEDENT	CAUSES		/p\								
	DISEASES C	OR CONDITI	ONS, IF ANY	GIVING	DUE 1	TO, OR AS	A CONSEC	QUENCE OF:					
	RISE TO THE	E ABOVE CA	USE (A) STAT	ING THE									
Z	UNDEKTAIN	G CONDIT	ION LAST.		(c)								
의			Ĭ1									,	
₹			IDITIONS CO										
잂	TO THE DEA	ATH BUT NOT	RELATED TO	THE TERM	INAL								
CERTIFICATION						2011 140	0505-001	FD.			01 6117	DEVA /V	Mal
2	ZUA. DATE OF	OPEKATIO	ZUB. CON	NOILION	FOR WHICH OPERATI	ION WAS	PERFORM	ED			21. AUTC	PSY? (Tes or	10)
9	2										7-1-		
₹	22A. EXTERI	NAL CAUSE	WAS		228. PLACE OF INJUR	RY(e.g., in	or obout 2	2C. WHERE DID (If in Baltimore	City, give exoc	t location)	yes	_
의	UNDERLYING	OR CON	TRIB-	HI I	home, form, foctory, stre	eet, office b	ldg., etc.) 11	NJURY OCCUR?					
Σ	OF INJURY	(Month) (D	oy) (Yeor) (Hour				2F. HOW DID INJ	URY OCCU	R?			
	(APPROX.)				WHILE AT								
	23.				m. work	AI WOR	W						
		ifu that 1 L	eld on 1-	auto. [] Increasion [1	- WV	and thet an th	le barte	death to	-1-1		
									iis Dusis, (Pinion		
	result	ted from: N	a wat con	ses XX	Accident	Suicide	☐ Ho	micide 📙 🚶	Undetermin	ed manner			
		/	n	71 //	. /		(CHIEF MEDICAL E	XAMINER				
	ACTUAL		11/1/	11.	WINNE		ASCI	STANT MEDICAL E	YAMINED	7		DATE SIGNE	D
			11110	Yell	11111112	M.D.							
			2				ASSO	CIATE MEDICAL E	XAMINER				
				e ;Mi						1/20	/70		
24	A. BURIAL CREA	MATION,	4B. DATE		24C NAME of CEN	METERY or	CREMATO	PRY 24D. 1	LOCATION	(City, lown,	or county) (Stote)	
KE	MOVAL (Special	(4)	1 1/	- 11	1)111000	1/000	11	7	10.4	4/2	0.		
1	Juru		1-10	-10	1 11/1000		AL		Stelle	I lei	un		
25/	A. DATE REC'D	BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD OF MODRES PRONOUNCED DEAD OF MODRES PRONOUNCED DEAD OF MODRES PRONOUNCED DEAD OF MODRES PRONOUNCED DEAD OF MODRES ON LOCANON OF MODRES											
	JAN 2	22 19/1	ا المنافع	1 C.	lawer, 120,		m	micant	- 14	-11/2 /	1.	D. 0	7
46	01111			1	7 0 0		166	or unbuly	TIV	ine s	Clu	Music	
VS	151.PFV 1/1/68	3		2 3	7 4,12	L.	.)	0 // 43 4					1/

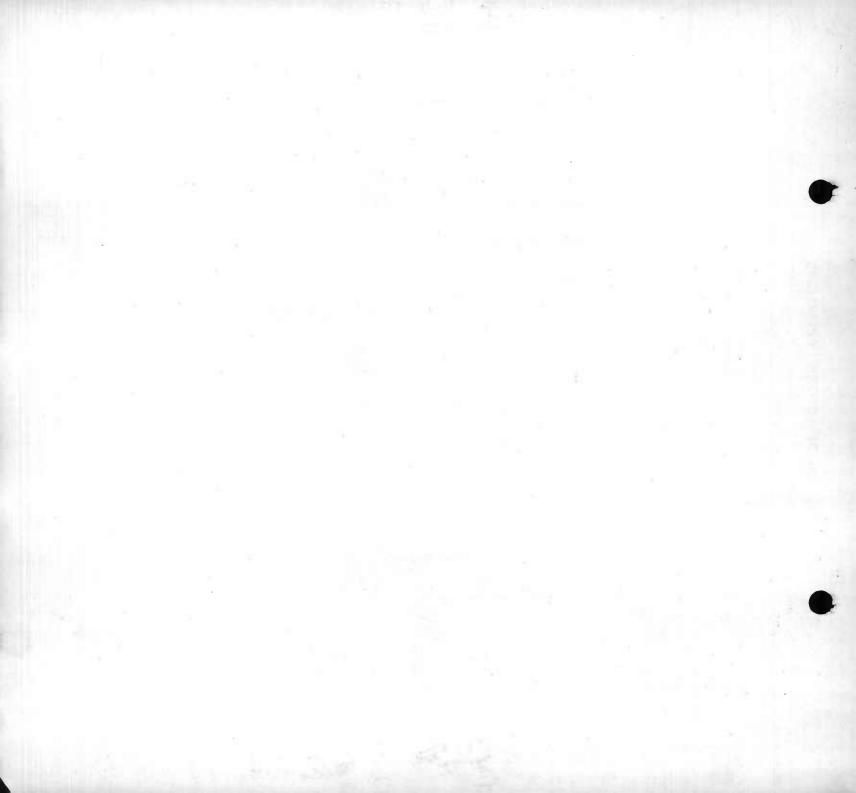


70 20754 MEDICAL EXAMINER'S CERTIFICAT	TE OF DEAT	н	70 0075 4
BIRTH NO.	L OI DEAT	REG. NO.	, o o i o i o i
I. NAME OF DECEASED 2. DATE Kno	awn Manth	Day Y	ear Hour
(Type or Print) TAMES C DOUGLAS	imoted		0 9:10 a _N
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE	Month		eor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED	DEAD _		
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	Januar		14
A. STATE	NCE (Where deceased live)	B. COUNTY	3 / /
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN	1	D. INSIDE CITY LIM	ITS?
	alto.	VEC 1	/ NO []
PATE OF BIRTH 10. AGE (In years # Under 1 Yr. II Under 24 Hrs. E. STREET AND N		YES 🔾	NO L
Months, Days, Hours, Min.	D 1 0		
	Bond Street		
M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAM	ne Oal		
South Cholud 118/4 Verlein	or Logic		
14A: USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15 MOTHER'S MAdone during mast of working life even lifetired)	IDEN NAME)	
Fall Care	1 MC/1	rul	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT	100	ADDRES	S
(Yes, na ar unknown) (If yes, give yor ar dates al service) SECURITY NO.	4 Coules	Alex	2
19. CAUSE OF DEATH	- gen	and the same of th	APPROXIMATE INTERVAL
1 CAUSE OF BEATH	0		BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY Arterioscleptic cardi	lovascular di	isease	
LEADING TO DEATH (A)IMMEDIATE CAUSE			
(This daes not mean the mode of dying, e.g., heart lailure, osthenio, etc. It means the disease, injury ar camplication which coused death.)	OF:		
ANTECEDENT CAUSES (6)			
(9)	E OF:		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
C)			
F			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED			
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED		21. A	UTOPSY? (Yes or No)
o		100	
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. W	HEDE DID /III - Baltiman	City also available	YES
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	OCCUR?	e City, give exect focul	ionj
I OF INJURY	WDID INJURY OCCU	JR?	
(APPROX.) m. WHILE AT NOT WHILE AT WORK			
23.			
I certify that I held an Inquiry Inspection Autopsy XX and	that on this basis,	death in my apinio	on
resulted from: Notural causes XX Accident Suicide Homicide		ned monner	
	MEDICAL EXAMINER		
ACTUAL // / / / / / /			DATE SIGNED
M.D.	MEDICAL EXAMINER	LXIX	
ALAME OF L	MEDICAL EXAMINER		1
NAME (Type) Ronald N. Kornblum, M.D.		1/21/	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY	24D. LOCATION	City, town, or co	unty) (Stote)
Buse & 1-26-10 Variety Coul	alle	1111 11	nex
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERA	AL DIRECTOR	ADDRES	S
	01/1	ADDRES	101
IAN 22 1970 P.S. & E. Jaber, M.D. Chog	Chellon	-/ an Ba	anty



If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS SETWEEN ONSET AND DEATH 112.40 18.70 antero-Sostal myocardi al infaction. 20A. AUTOPSY? (Yes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) 19 7 0. and that in (my) (gur) apinian death accurred an the date 23 B. DATE SIGNED (City, town, or county) ADDRESS VS 150-REV. 1/1/68

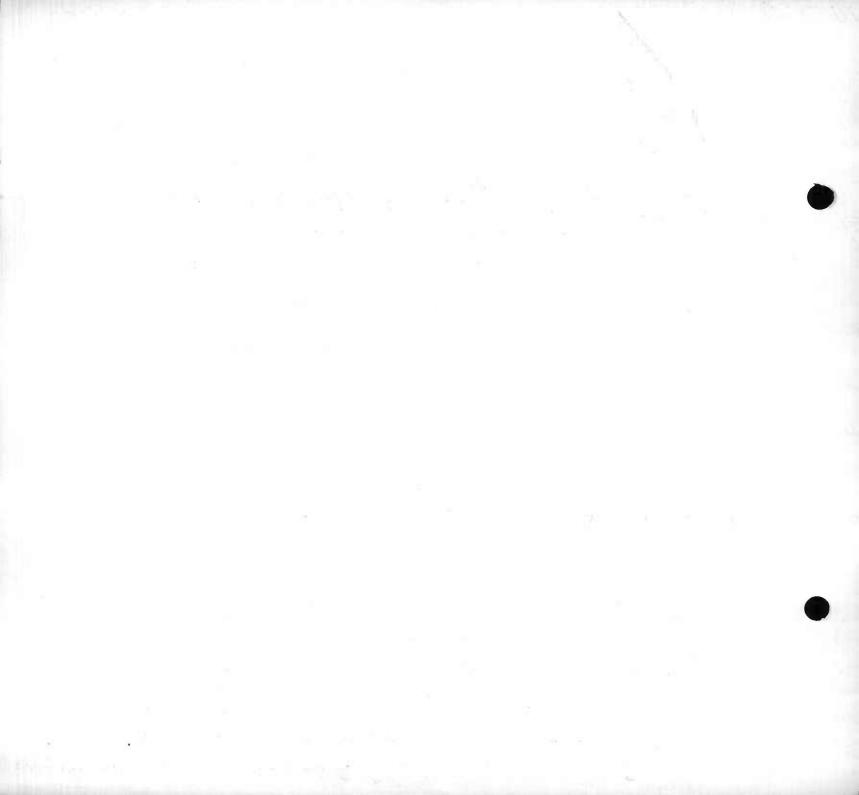
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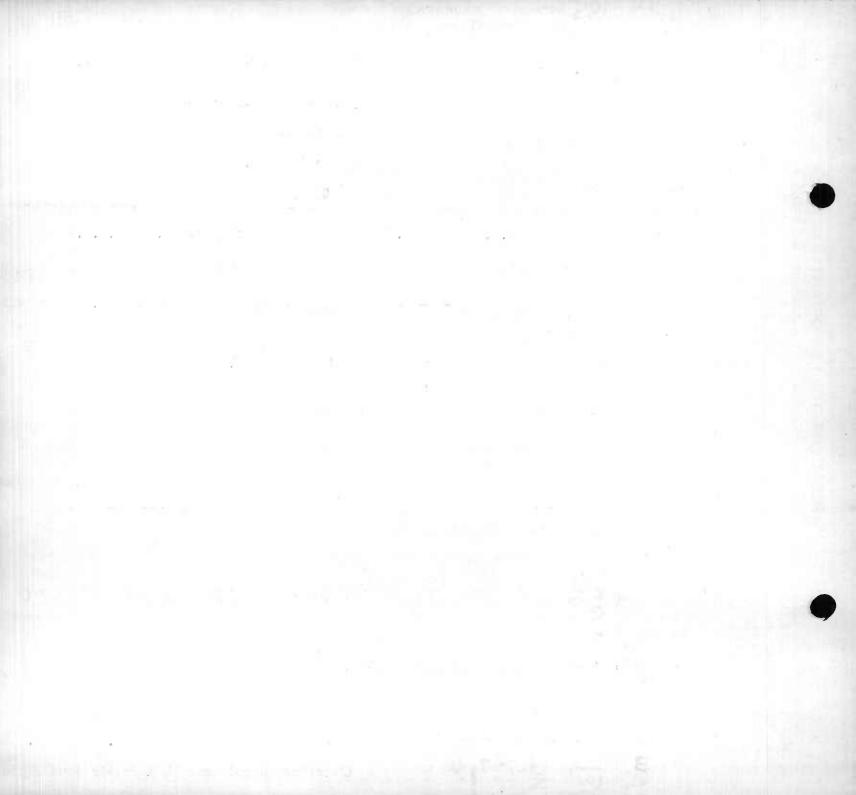


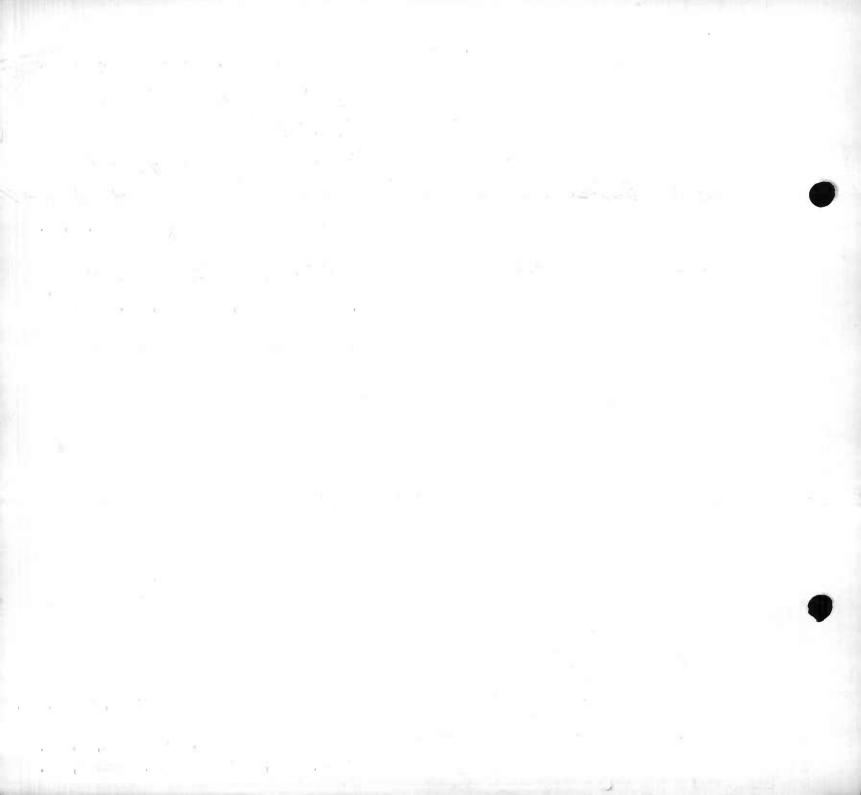


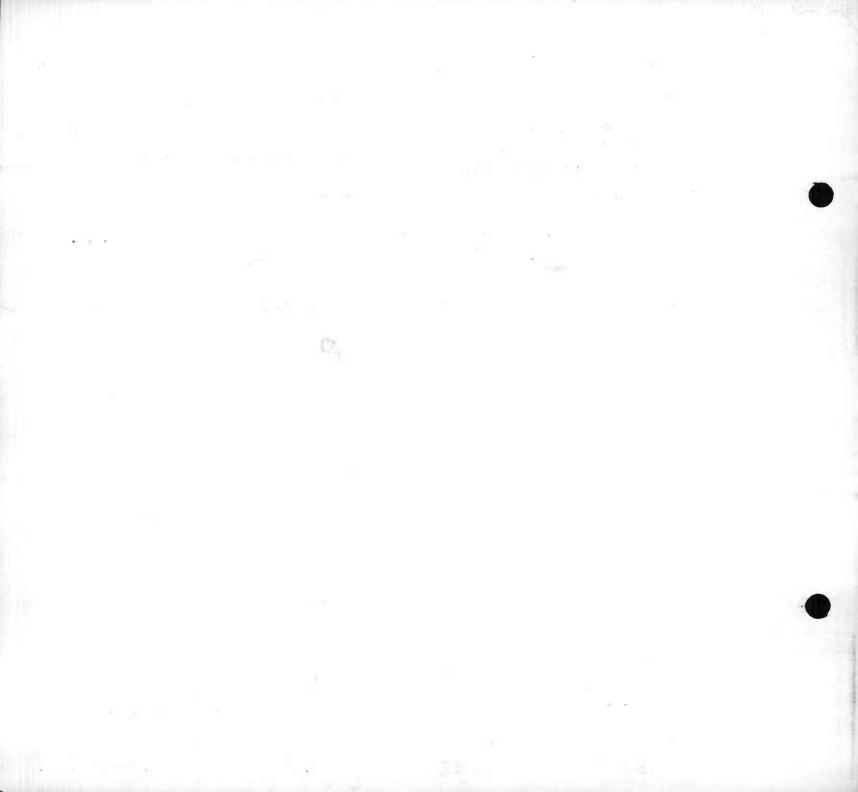


	BALTIMORE CIT	Y HEALTH DEPARTMENT		70 00758						
CIRCITITYO,	758 CERTIFICA	TE OF DEATH	X REG. NO.	10 00100						
1. NAME OF DECEASED (Typo or Print)	24.4	2. DATE AN	D HOUR OF DEATH	0.15						
KOSALIEY	MARCIANTI			01 8-P,						
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE I Where	deceased lived. Il institu	tion: residence before admission						
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MD Ball	11	5300						
HOSPITAL OR ADDRESS OR LOCATION		C, CITY OR TOWN	D. INSIDE	CITY LIMITS?						
LINIV. OF MD H	03P.	BALTIME	YE YE	s No I						
2010.01	- 61	E. STREET AND NUMBER								
50		14210LD	Homer	D ,						
	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	ast birthday)	Under 1 Yr. If Under 24 Hrs onths Doys Hours Min.						
10A. USUAL OCCUPATION (Give kind of work 108, KIP		11. BIRTHPLACE (State or foreign	in country)	CITIZEN						
some coming most of working the, even it rented!		1	in coomy,	2. CITIZEN OF WHAT COUNTR						
HOUS EWIFE HO	ousewife	ITALY		(1941-						
TAINE S NAME		14. MOTHER'S MAIDEN NAM	_							
JOSEPH COLLE	- []	HUGUST	- A MARC	(ANTE						
5. Was Daceased Ever in U. S. Armed Farces? Yes, no or unknown! (If yes, give wer or dates of ser	1 6. SOCIAL	17. INFORMANT	0	ADDRESS						
SO	SECURITY NO. 173-01-0407E	49366	SAHO							
18. 1000	CAUSE OF DEAT	1		1						
DISEASE OR CONDITION DIRECTLY				APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT						
LEADING TO DEATH		ARCINOMA OF EA	DOMETRIU,	M HYRS						
(This does not mean the mode of dying,	(This does not mean the made of dying a g. (A) IMMEDIATE CAUSE									
heort foilure, osthenia, etc. It means the disease, injury or complication which coused death.)										
ANTECEDENT CAUSES										
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF										
THINDS IN THE CONTROL OF THE SIGNING THE										
UNDERLYING CONDITION lost.	(c)		************************							
Z										
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING NAL									
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	**************	120A AU-020W (V N N								
WAS PERFORMED	TOR WHICH OPERATION	20A. AUTOPSY? (Yas ar No)	208. IF YES, WERE FINDI	NOS CONSIDERED						
21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., in									
OR CONTRIBUTING CAUSE OF DEATH (notify medical axamine)	hame, (arm, (actory, streat, of	ice bldg. INJURY OCCUR?	(If In Baltimare City	/, give exoct location)						
21D. TIME (Month) (Doyl (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?							
(APPROX)	While At Work Not While At Work									
22. I certify that (i) (this hospital) attend	ed the deceased from	DEC 18 10	19. 10	1) 18 : 70						
	al and the state of the state o									
•	and that in (my) (our) opinion death occurred on the date ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.									
23A. SIGNATURE	de (I)-(me) (did) (did not) vi	ew the body after death.		and the second						
96 0 6	DATE SIGNED									
Marren A. XIO don	DEGREE Phys.	Director L Pt	aff 2	1/18/70						
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESSDEPT DE	MEDICIA	16						
MARVIN J-GORDON	I MU	1/1/11/	E MO XL	0.50						
4A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specily)	C. NAME of CEMETERY OF CRE	MATORY 24D. LOC	ATION (City, to)	wn, or county! (Stota)						
Burial 1-21-1970	Gardens of Fait		lerton Balt							
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	-010011	A Constallation of the Constal						
	Jaben M.D.	Tassann Binera	Home 7107 F	ADDRESS Belair Road 2123						
S 150-REV- 1/1/68	1-000-110	- Andrew Shrings	- 1101110 140T T	CTATI WOOD CTC)						











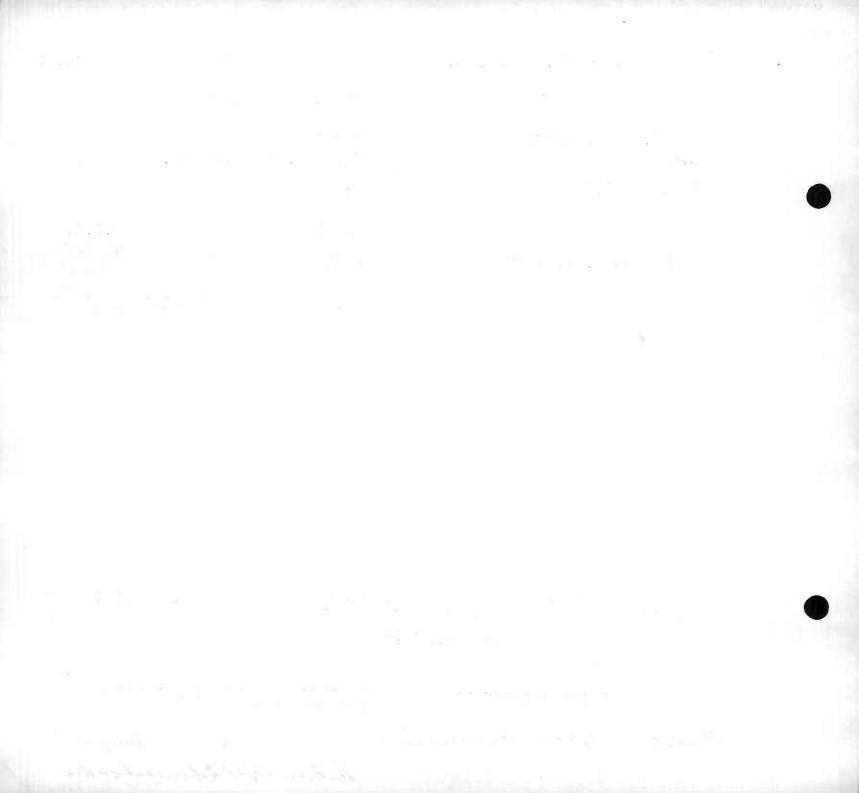
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		HEALTH DEPARTMENT		70 00765
BIRTH NO.	0765 CERTIFICA		REG. 140.	70 00100
(Type or Print) MC CARTHY, J	USTINE (SR. JAM	ES ELIZ) 1/	21/ 70	1 11.40 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institu	tion: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	MARYLAND		2834
INSTITUTION ADDRESS OF ECCATION	1)	C. CITY OR TOWN BALT MORE	D. INSIDE	
ST AGNES HO	OSPITAL	E. STREET AND NUMBER	YE	s 🖺 NO 🗌
40		600	ANE	
	ARRIED NEVER MARRIED		ost bithdoy)	Under 1 Yr. , Il Under 24 Hrs. onths; Doys Hours; Min.
FEMALE WHITE WIE	DOWED DIVORCED	9 26 98	71	onins Doys Hours Willia
10A. USUAL OCCUPATION (Give kind of work 10B, Il done during most of working life, even if retired)		11. BIRTHPLACE (Stote or loreig	gn country)	CITIZEN OF WHAT COUNTRY
	ster in Convent	MASS		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
JAMES MC CARTHY	11/ 2021	ELIZABETH	WALDRON	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wer or dotes of s		17. INFORMANT BALTO	-	ADDRESS
NO	216 54 1333		P WILKENS &	CATON
DISEASE OR CONDITION DIRECTL	CAUSE OF DEATH	ASPIRATION		BETWEEN ONSET AND DEATH
LEADING TO DEATH	A THUE COLOR		11/2011	12- 24 h.
(This does not mean the mode of dying heart failure, asthenia, etc. It means the d	9. e.g., DUE TO, OR AS A	CONSEQUENCE OF: 1		******
injury ar complication which caused death	al ADE	ENO CARLINOA	SSIVE ARNE	
ANTECEDENT CAUSES	(B) /4 /	ENO CHRLINOP DN WITH MAN INHL HETA A CONSEQUENCE OF:	5745/5.	******
DISEASES OR CONDITIONS, if ony, rise to the above couse (Al stolin	ng the	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBU	IIIING			
TO THE DEATH BUT NOT RELATED TO THE TER!	MINAL	************************		******
19A. DATE OF OPERATION 198 CONDITION	N FOR WHICH OPERATION ED CARCINOGA DE TI	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIND	INGS CONSIDERED
U 21A. ACCIDENT WAS HINDERLYING	r			763
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218 PLACE OF INJURY (e.g., in home, form, foctory, street, officerc.)	ce bidg. INJURY OCCUR?	(ii in Boltimore Cit	y, give exoct locotion)
		21F. HOW DID INJU	PY OCCUPY	
Q 21D. TIME (Month) (Doy) (Yeor) (Hou OF INJURY (APPROX.)	While AI No! While		AT OCCUR!	
22. I certify that XI) (this haspital) atte		40101	69 10 1/21	/ 70
that (1) (we) last saw the deceased ally				
and haur and fram the causes stated ab		ew the hady after deat	inthitx (ant) abinian	death accurred on the date
23A. SIGNATURE	() () () () () () () () ()	on the busy difer death.	23 8.	DATE/SIGNED /
yutid performance		ding Med. S	hys.	1/21/70.
23C. PHYSICIAN'S NAME (Type) / // PRE	OEGREE		NES HOST	DITAL
0420	OEGREE	1000 CATOIT	TUE, O	9LTD 21229.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF CREA	AATORY 24D. LO	CATION (City, lo	wn, or county) (State)
Burial 1/24/70	New Cathedral Cem	etery Balt:	imore, Maryla	nd
2SA. DATE REC'D BY HEALTH DEPT. 2SB, N	NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
VS 150-REV. 1/1/68	C. Versey, 119.	Witzke, 47019	Edmondson Ave	•, < < < >

PART CONTRACTOR OF BUILDING

	M				HEALTH DEPARTMENT	./	70 00766	
	NO. OF DECI	0 0 0	00766	CERTIFICA	TE OF DEATH			
	ar Print)	SIZEMORE,	BABY G	IRL		AND HOUR OF DEATH	11:00A	
3. PL	ACE IN BALT	IMORE MARYLAND,	WHERE PRONOUS	NCED DEAD	A. USUAL RESIDENCE (W.	UNIY	institution: residence before admission	
FULL	NAME OF	(IF NOT IN HOSPI	TAL OR INSTITUT	NON, GIVE STREET	MARYLAND	(BALTIMORE	5300	
NST	ITUTION		, A 11011,		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
	ST.	AGNES HOS	PITAL		BALTIMORE E. STREET AND NUMBER		YES X NO	
	40				1005 ST. C		. 21229	
5. SE	EMALE	6. RACE WHITE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr. If Under 24 Hrs. Manths Days Hours Mig.	
			WIDOWED		01/17/70 11. BIRTHPLACE IState or 1		6 45	
done	during most of w	rarking life, even if retired)	WINE KIND OF	SUSINESS OR INDUSTRY		areign country!	12. CITIZEN OF WHAT COUNTRY	
10.00					MARYLAND		U.S.A.	
13. FA	ATHER'S NAM		EMODE		14. MOTHER'S MAIDEN NAME EVELYN (HUBBARD)			
		MAN D. SIZ			EVELYN (HU	DDAKU)		
15. W (Yes, n	as Deceased	Ever in U. S. Armed Fa lif yes, give war ar dat	es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	NU				ST. AGNES	RECORDS BA	LTO MD 21229	
18	1740	× 1		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASI	OR CONDITION DEATH	RECTLY		En 011	cephalus	6 hrs 45m	
0	This does no	of mean the made of	dving, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	cybracter.	6/1003 - 670	
1 h	eart tailure, a	sthenia, etc. Il meons plicotion which cause	s the diseose.	DOL 10, OR 23	A CONSEQUENCE OF:	,		
	A	NTECEDENT CAUSES	s		-			
10	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:							
		above couse (A)	stating the	(c)	_			
LE		11		(0)				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
AT	ISEASE OR CO	NDITION GIVEN IN PA	RT 1 (A).	***************************************				
TIFE	A DATE OF	OPERATION GIVEN IN PAI OPERATION 179% CON WAS PER T WAS UNDERLYING ING CAUSE OF medical examines) (Manthi (Dayi (Year)	ADITION FOR WE	IICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED	
U 21	A. ACCIDEN	T WAS UNDERLYING	218, PI	ACE OF INJURY (e.g., I	n ar about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(II In Baltima	re City, give exact location)	
A P	EATH Inatify	medical examines)	hame,	iam, lociary, street, at	nce bidg., INJURY OCCUR?			
MEDIC	D. TIME	(Manthi (Dayl (Year)	(Houd 21E II	NJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?		
31	APPROX.)		While	At Work				
2:	2. I certify t	that (1) (hik Kokpith			ANUARY 17	1970 to J	ANUARY 17 19 70	
:1	at (1) (XX)	ast sow the decease	ed alive an	JANUARY 17	70			
	that (1) (VeX last sow the deceased alive an <u>JANUARY 17</u> 1970 and that In(my) XoVrX opinion death occurred an the date and hour and from the causes stated abave. (1) (VXX) (did) (1) (1) (VeX) (view the body after death.							
	23A. SIGNATURE 23B. DATE SIGNED						23B, DATE SIGNED	
		(Unita	Ambur	LM SPES MD Atter	nding Med.	Staff Phys.	1/20/70	
23	NAME (Ty	rs		DEGREE Phys		,	1 1	
	TAME TY	KRITA A	API BUMYC		ST AGNES HOS		& CATON	
24A.	BURIAL CREM	AATION, 248, DATE	/ 24C.NAM	DEGREE OF CRE		LOCATION (C	ily, tawn, or county) 15tate)	
BI	well	1/22/	70 hou	edow Park		BAlfrenis	Maryland	
25A.	DATE REC'D	BY HEALTH DEPT.	258 NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	OR 2	Marylon / ADDRESS Loudson His	
	IAN	22 1070	200 7	00 72	Mith Ker-	4/01 Edm	condear Art	
\$ 15	0-REV. 1/1/6	N N IOI V		7.0	7			



11	CERTIFICATE OF DEATH REG. NO. 70 00767								
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour								
(Type or Print) FRANCIS BUNJON	DEATH Estimated January 17, 1970								
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour								
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	January 17, 1970 4:50 P. M								
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)								
Union Memorial Hospital (DOA	A. STATE Maryland B. COUNTY 903								
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?								
Female White WIDOWED DIVORCED	Baltimore YES X NO								
	. E. STREET AND NUMBER								
Dec.12,1921 lost birthday) Manths, Doys, Haurs, Min	707 Melville Avenue								
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME								
Phila, Pa, WHAT COUNTRY?	Timothy Kenny								
14A.USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUST									
done during most of working life, even if retired) Clerk Ambassodor Phar	m. Bridget McGowan								
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	II8. INFORMANT ADDRESS								
(Yes, no ar unknown) (II yes, give war or dotes of service)	47頃r. John F. Bunjon (husband)								
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., CAUSE OF DE. Arterios (A) IMMEDIATE (DUE TO OR	clerotic cardiovascular disease								
UNDERLYING CONDITION LAST.	R AS A CONSEQUENCE OF:								
O II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V									
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V									
Z22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g. UNDERLYING ☐ OR CONTRIB. home, larm, lactary, street, affill UTING ☐ CAUSE OF DEATH.	., in ar about 22C, WHERE DID (II in Baltimore City, give exact location) ice bldg., etc.) INJURY OCCUR?								
OF INJURY (APPROX.) m. WHILE AT NO WORK	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK								
ACTUAL SIGNATURE EXAMINER'S NAME (Type) ACTUAL M. M. M. M. M. M. D.	D. ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER January 18, 1970								
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	Y or CREMATORY 24D. LOCATION (City, town, or county) (State)								
Burial 1/21//70 Cathedral	Cem. Balto. MD.								

25B. NAME OF REGISTRAR
25B. NAME OF REGISTRAR
25C. Safer C.D.

25A. DATE REC'D BY HEALTH DEPT.

JAN 23 1970

VS 151-REV. 1/1/68

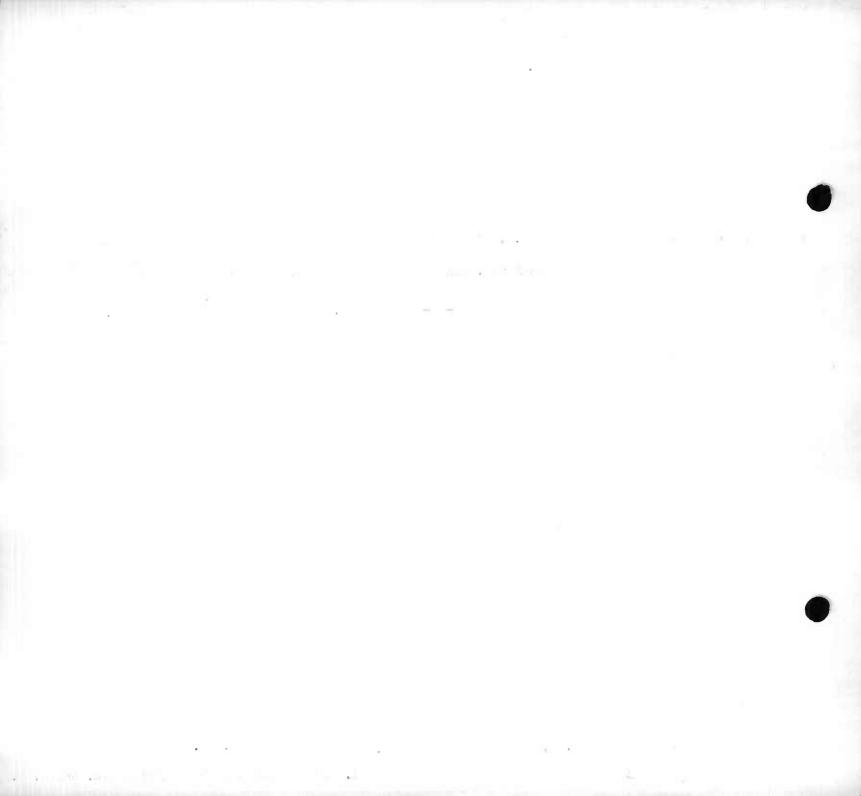
MD.

25C FUNERAL DIRECTOR MITCHES WITCHES WITCHES HOME 6500 york Rd. 21212

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	BALTIMORE CITY	HEALTH DEPARTMENT		- TATAL CONTRACTOR OF
BIRTH NO. 70 0077	O CERTIFICA	TE OF DEATH	REG. NO.	70 80770
/T D: A	Mary.		D HOUR OF DEATH	. 10
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC		1/18/	10	ion: residence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT		A. STATE B. COUN	timore Co	iont residence before admission
INSTITUTION		C. CITY OR TOWN	D. INSIDE C	ITY LIMITS?
5 Church Home + +	ospital	E. STREET AND NUMBER	wood Rood	21222
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED			Under 1 Yr. If Under 24 Hrs onths Doys Hours Min.
WIDOWED WIDOWED	DIVORCED	11/11/11	78	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND O done during most of working life, even if retired)	F BUSINESS OR INDUSTRY		in country) 12	CITIZEN OF WHAT COUNTR
Housewife		freece.		U.S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E	
Seorger Samaron.		Unknown.		
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No	236~142697	Daughter - Cleo H	enis - 1912 1	20614WOOT ROUS
18,250,9	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		2		
This does not mean the made of dving. e.g.	(A) IMMEDIATE CAU	SE Renal failure. A CONSEQUENCE OF:		8 days
heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	DUE IO, OR AS	A CONSEQUENCE OF:		
ANTECEDENT CAUSES	_	Dialehie Auso.	vale.	V7 (V1
DISEASES OR CONDITIONS, if any, giving	(B)DUE TO, OP AS	Diadelic Higher A CONSEQUENCE OF:	dated	Unumum
rise to the above cause (A) stating the UNDERLYING CONDITION fast.		Diaselio.		at at 30
11	(c)	***************************************		about 30 year.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A-DATE OF OPERATION 19B CONDITION FOR 1 WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING [1]	Puesmo	un Heart Failure oura - Probable Gran	nepahu Sylves	un'a 8 days
19A DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yos or No)	208. IF YES, WERE FINDI	NGS CONSIDERED
WAS PERFORMED		1.0	IN CERHPHING CAUSES	OF DEATH!
OR CONTRIBUTING CAUSE OF hom DEATH (notify medical examiner)	e, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimore City	, give exoct locotion)
	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
Z [APPROX.] Whi	le At Not While			
22. I certify that (1) (this hospital) attended th		/ 10 19	70 ta 1/18	19 70
that (1) (ye) last saw the deceased alive an_	1/(8	19 10 and that		death accurred an the dat
and haur and fram the causes stated above. (1	(MG) (did) (did nat) vi	ew the bady after death.	,	
23A, SIGNATURE Re was -				DATE SIGNED
1 due	DEGREE Phys.	ding Med. S	haff hys.	02/81/
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	10.	
DOTE MARITOR	PZ MD OFGREE	Medical aus	Bldg. 2120	/
24A. BURIAL CREMATION, 24B. DATE 24C.NA REMOVAL (Specify)	ME of CEMETERY of CRE	MATORY 24D. LO	CATION (City, tow	vn, or county) (Stotel
Burial 1-21-70 02	K Lown Co	metery Ba	itimore,	Md.
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	44	ADDRESS
JAN 23 1970 P.S. B. E. Fa	Ber (4.00)	ON OSO TO	Matthews	E Baltimore
150-REV 1/1/68			The state of the s	WILLIAM TIMION



VS 150-REV. 1/1/68

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K	420	BALTIMORE CITY HEALTH DEPARTMENT
1	and ath the uch	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 70 00773
	0 0 0	(Type or Print) WILLIAM A. KLOCH 2. DATE AND HOUR OF DEATH 300 A
	the Dot	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admiration
	cause of cause of cause; (5) Deceendance or to death.	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET OF LOCATION GIVE STREET OF LOCATION C. CITY OR TOWN
	ng cau	LINIV OF MD HOSP. BALTIMORE YES NO DE STREET AND NUMBER J 904 BAYONNE AVE
	7000 P	5 esv // 0.00
	th occurred contributi letermined in regular eceased pron is made.	WIDOWED DIVORCED 7/25/93 Cost birthday) 76 Months Days Hours Min.
	or Inde is in de	INSPECTOR RAILRUAD MO. (15A
		William Kloch
MPORTAN	ssistant the di kind; death nce on final di	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown] [If yes, give war or dates of service] 1912-1916 16. SOCIAL SECURITY NO. 2/3-09-2284 17. INFORMANT ADDRESS
ō	s as any ced nda	18, 13 X 1/85 Y CAUSE OF DEATH APPROXIMATE INTERVAL
IMP	Iso of other	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ARTERIOLAR NEPHROSCLEROS LS BETWEEN ONSET AND DEATH
CTOR:	miner or niner. A fracture o prono gular a	(A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
7	mir mir fr ho ho eg	ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES
IREC	× × × × × × × × × × × × × × × × × × ×	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C)
	dical ical rns; (; sician vas in	
RAL	beri beri buri buri shysi na w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). A DENO CARCINOMA PROSTATE 5 GYS
UNER	y a n Body the p the p hysicie	174. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
11.	by the pital bire; (2) where No pi	OR CONTRIBUTING CAUSE OF Colory, sheet, office bidg. INJURY OCCUR?
	patte	21D. TIME (Month) (Doy) (Yeot) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While AI Not While At Work
	prov the f ny n exce and	22. I certify that (1) (this hospital) attended the deceased from ACC 22 1969 to MAN 21 19 70
	of a of a of a of a of a of a of a of a	that (1) (we) lost saw the deceased olive on 120 19 20 and that in (my) (aur) apinion death occurred an the date
	A_ 00#-	and have and from the couses stated above. (1) (We) (dtd not) view the body after death.
	ust be eased ident hospit hospit must	23A. SIGNATURE 23B. DATE SIGNED
	a ho rr to c	23G, PHYSICIAN'S Attending Med. Director Phys. 1/22/70
	certificate body was r rs: (1) An ac b.O.A. at o cased prior ten approv	MARVIN J. GORDON, M.D. LINIV- of M.D. HOSP
	This certificate m the body was rel shows: (1) An acc was D.O.A. at a deceased prior to	REMOVAL (Specify) 1/24/70 Cedar Hill Cem. 24C. NAME of CEMETERY of CREMATORY Bal to Md.
	This cethe books was D. deceas	JAN 23 1970 BE. Name of Registrar 25c. Funeral Director Address Address Address
		VS 150-REV. 1/1/68

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MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
MILDICAL	FVVVIII 4FIL O	CENTILICATE		PLAIII.

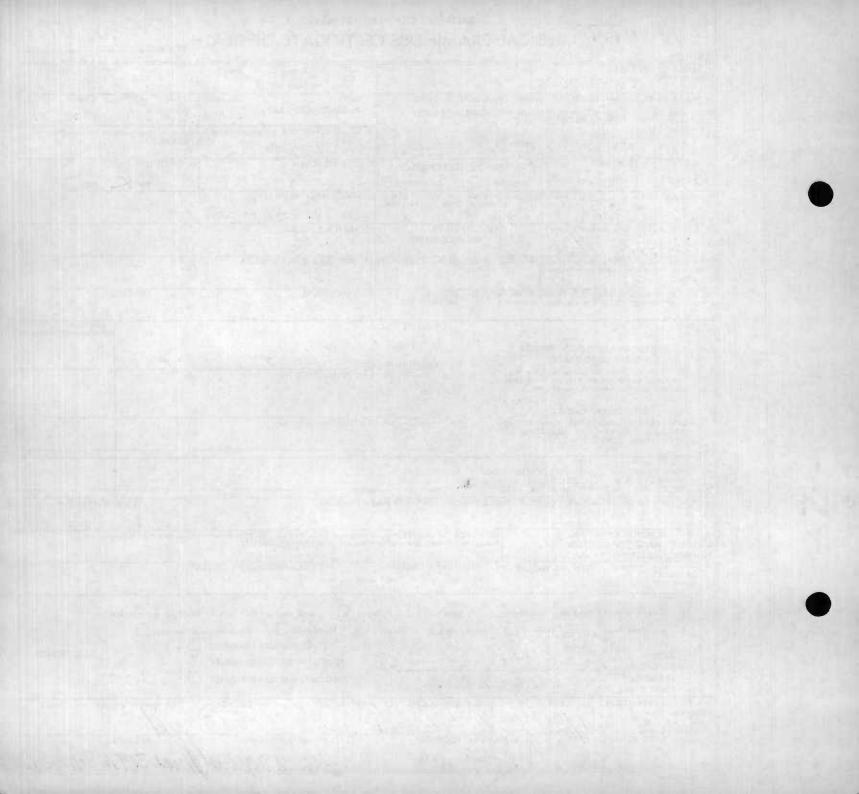
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70	10776 ME	DICAL	EXAMINER'S	ALTH DEPA	CATE OF	DEATI	H	70	00776
BIRTH NO.							REG. NO.		
I. NAME OF DEC		HINES		2. DATE OF	Known 🔀	Month	ry 22,	Year 1970	Hour
4. PLACE IN BAI	LTIMORE, MARYLAND		NOUNCED DEAD	3. DATE	2,111,10,111	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL		TAL OR INSTIT	UTION, GIVE STREET	PRONO	UNCED DEAD	Janua	ry 22.	1970	2:15 A.
OR INSTITUTION SOL	th Baltimore	Genera	(DOA)	5. USUAL F A. STATE	ESIDENCE (Where	deceased liv	B. COUNTY		before odmission)
6. SEX	7. RACE	D NEVER MARRIED	C. CITY OF	Maryland		D. INSIDE C		2/00	
Female	Negro	WIDOWE			Baltimore			E21	NO 🗆
9 DATE OF BIRT			f Under 1 Yr. II Under 24 Hrs.	E. STREET	AND NUMBER			-3/	"
Jue 1	4-1903 lost birth	66	Aonths, Doys, Hours, Min.		5743 Bell	egrove	Road		21225
BIRTHPLACE (S	State or foreign country) 1:	WHAT COUNTRY?	13. FATHER	'S NAME	200	los		
14A.USUAL OCCU	IPATION (Give kind of wo	rk 148. KIND	OF BUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NAM	NE /	100		
done during most of v	working life, even If retire	4)		00	Meles 1	Louis	10		
16. WAS DECEAS	ED EVER IN U.S. ARM	ED FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	MANT	y/us	//A	DDRESS	
(1 es, no or onknown	(If yes, give warpr, don	s or service)	SECORITY NO.	Coon	re Iten	101	Son	mo	
19.	2. 26-		CAUSE OF DEA	TH (· ·		PROXIMATE INTERVAL
DISEAS	E OR CONDITION DI	RECTLY	Arterios	leroti	c cardiova	scular	diseas	e BEIN	EEN ONSET AND DEA
	LEADING TO DEATH		(A)IMMEDIATE	AUSE					
heart failure	ot mean the mode of , asthenia, etc. It means application which coused	he disease,		AS A CONSEC	UENCE OF:				
DISEASES (RISE TO THE UNDERLYIN) OTHER SIGN TO THE DE	NTECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST II IIFICANT CONDITIONS ATH BUT NOT RELATED	CONTRIBUTING	(c)	AS A CONSE	QUENCE OF:				
DISEASE OR	CONDITION GIVEN IN	PART I (A).	DR WHICH OPERATION W						
O DATE OF	OPERATION 208. C	JAMIIION FO	OR WHICH OPERATION W	AS PERFORM	ED				PSY? (Yes or No)
₹ 22A. EXTER	NAL CAUSE WAS	122	B. PLACE OF INJURY (e.g.,	In an about 5	2C WHERE DID ((1 . D . L/	Cit.		Vo
UNDERLYING	OR CONTRIB-	ho	me, farm, foctory, street, ollic	bldg., etc.)	NJURY OCCUR?	r in baltimare	City, give exc	ici iocalian)	
OF INJURY (APPROX.)		ear) (Haur)	WHILE AT NOT	WHILE	2F. HOW DID INJ	URY OCCU	R?		
23.		m		ORK L					
ACTUAL SIGNATI EXAMIN	ER'S Charle	65.	Inspection Au Accident Suicid	. ASSI	ond that on the micide UCHIEF MEDICAL EXTANT MEDICAL EXECUTATE EXECUTATE MEDICAL EXECUTATE EXECUTATE E	Indetermin (AMINER ((AMINER)	ed manner [DATE SIGNED
NAME (T	MATION. 1248 DATE		24C NAME of CEMETERY			OCATION		, or county.)	
REMOVAL (Specific Control of Cont	el 11-2	7-20	not like	a Cart	7	Bal	16/1	nes	,
JAI	N 23 1970	1	Jaben KD	25C0	UNERAL DIRECTO	Par	A (()	DDRESS	the C
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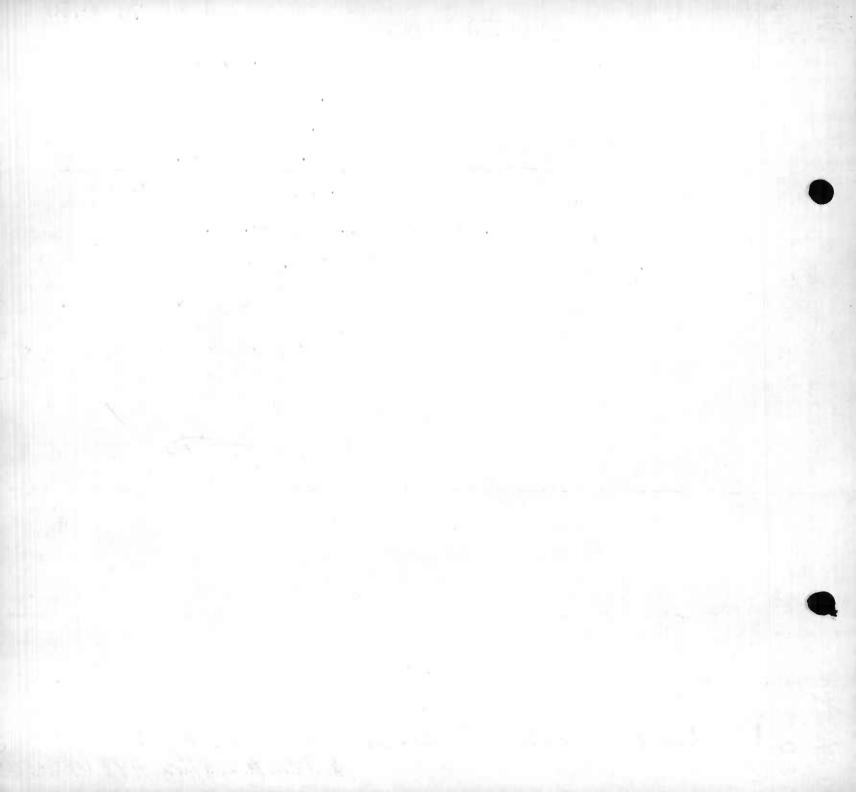
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BIRTH NO.	30141	WED	ICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO		-	
1. NAME OF D (Type or Print)	ECEASED JENNIE			2. DATE OF DEATH	Knawn	Month	Doy	Year	Hnur	м.	
4. PLACE IN B	ALTIMORE, MA	RYLAND, W	HERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	IVI.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	L OR ENSTITUTION)	JTION, GIVE STREET		UNCED DEAD		ry 20,19			P. M.
38	UNIVERS	ITY HO			A. STATE	Maryland		B. COUNTY	18	02	,
6. SEX	7. RACE			NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
Female	Negr		WIDOWE		Balti			YE	s 🗵 ı	NO 🗆	
NOV. 8	7.1919	10. AGE (In lost birthdo	50 M	Under 1 Yr. If Under 24 Hrs. onths; Doys; Hours; Min.		W. Fayett	e Stre	et			
11. BIRTHPLACE	State or foreig	n squintsy)	12.	CITIZEN OF	13 FATHER		,				
14A,USUAL OCC	TOI UPATION GIVE	kind of work	4B, KIND O	WHAT COUNTRY? F BUSINESS OR INDUSTRY	(15. MOTHE	Iam Jo	hN 30	N			
for ch	y Wor	H (GP			EH	e/ Aug	105				
16. WAS DECEA	ASED EVER IN I	U.S. ARMED	FORCES?	SECURITY NO.	IB. INFORM	line Eus	arks	4.	BOG	45%	
19	n X			CAUSE OF DEA	TH				API	ROXIMATE IN	
DISE	ASE OR CONDI		CTLY	Lohar Pn					DC! W	EN ONSET A	NU DEATH
heart foilu	(This does not mean the mode of dying, e.g., heart foilure, asthento, etc. it means the disease,									***************************************	
Injury or c	Injury or camplication which coused deoth.)										
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE					QUENCE OF:					
UNDERLY	HE ABOVE CAL	ING THE	(c)	~~~							
O THE D	GNIFICANT CON EATH BUT NOT OR CONDITION	RELATED TO	THE TERMINA	G							
20A. DATE				R WHICH OPERATION WA	S PERFORM	ED			21. AUTOF	SY? (Yes o	r No)
0 0											1 3
UNDERLYIN	RNAL CAUSE	RIB-	22E hor	B. PLACE OF INJURY (e.g., ne, lorm, foctory, street, office	In ar obout 2 bldg., etc.)	2C. WHERE DID (I	l In Boltimore	City, give exoc	location)	yes	
DF INJURY (APPROX.)		ay) (Year)			WHILE	2F. HOW DID INJ	URY OCCU	R?			
23.											
rest	resulted from: Notural couses X Accident Suicide Homicide Undetermined manner										
ACTUA SIGNA	1 1 /2	ed	WK.	and M.D.	ASSIS	CHIEF MEDICAL EX		<u> </u>		DATE SIGN	IED
EXAMI NAME	NER'S ROT	nald N.	Kornb	lum,M.D.		CIATE MEDICAL EX	(AMINER	1/	21/70		
24A. BURIAL CR REMOVAL (Spe 25A. DATE REC'	ecty)	18. DATE / 26/	1970	AC. NAME of CEMETERY	e Cem	RY 24D. L	ocation alto.	(City, town,	or county)	(Stot	e)
JAL	V 23 197			aber M.D.	Miss	licanos ha	ullal	/ 47		Schro	edon
VS 151-REV. 1/1/	68						-			3/.0	- X





VS 150-REV. 1/1/68



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BALTIMORE	CITY	HEALTH	DEPARTMENT
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MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG, NO.
BIKIH NC.	
1. NAME OF DECEASED (Type or Print) JAMES RICE	2. DATE Known K Month Doy Year Hnur OF DEATH Estimoted January 14, 1970
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD January 14, 1970 11:30 P 5. USUAL RESIDENCE (Where deceased lived. # institution; residence before admission)
	A. STATE B. COUNTY
918 W. Franklin Street	Maryland /60/
MAKKIED LI NEVER MAKRIED L	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES NO NO
9. DATE OF BIRTH April 1928 10. AGE (In years If Under 1 Yr. It Under 24 Hrs. Months; Doys; Hours; Min.	918 W. Franklin Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	George Wikice
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done dyring prost of working life, even if relired)	Y 15. MOTHER'S MAIDEN NAME
laporer	Jessie Watkins
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	18. INFORMANT
ع الما الما الما الما الما الما الما الم	tamily 614N. Arling Ton A.
19. of CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	CAUSE Focal interstitial myocardial
	AS A CONSEQUENCE OF: fibrosis
injury or complication which coused death.)	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	in or obout 22C. WHERE DID (II in Boltimore City, give exact location) to bldg., etc.) INJURY OCCUR?
	a blag, a.c., he okt occok:
OF INJURY (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT WORK AT V	WHILE
23.	
	tapsy X and that on this basis, death in my opinion
resulted from: Natural couses Accident Suicident	de Homicide Undetermined monner
ACTUAL ()	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MANY THE M.E	ASSISTANT MEDICAL EVAMINED IX I
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER January 15, 1970
24A, BURIAL CREMATION. 24B, DATE 24C NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
REMOVAL (Specify)	D /
25A. DATE REGIO BY HEALTH PEPT. 2580 NAME OF REGISTRAR	
JAN 20 1310 0000 E. Valley 16.0.	C111 - 111 11 11 11
V6.10.00V.10.00	a Dilligant umeral Home - Ni Arlington Ave
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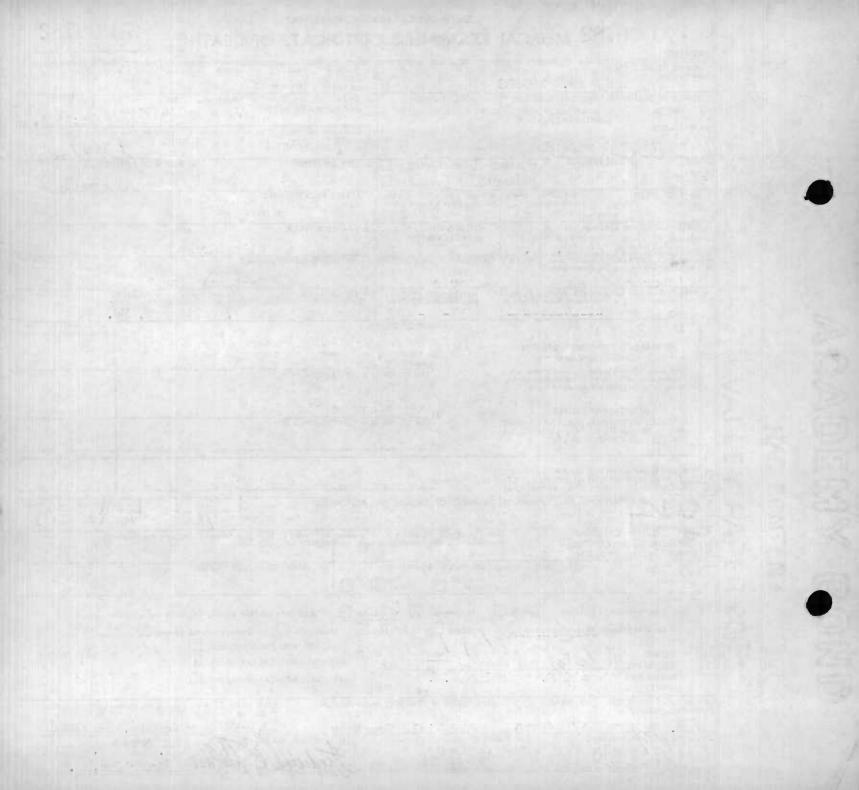
Letter from M.E.'s office 2-11-70 M.H.

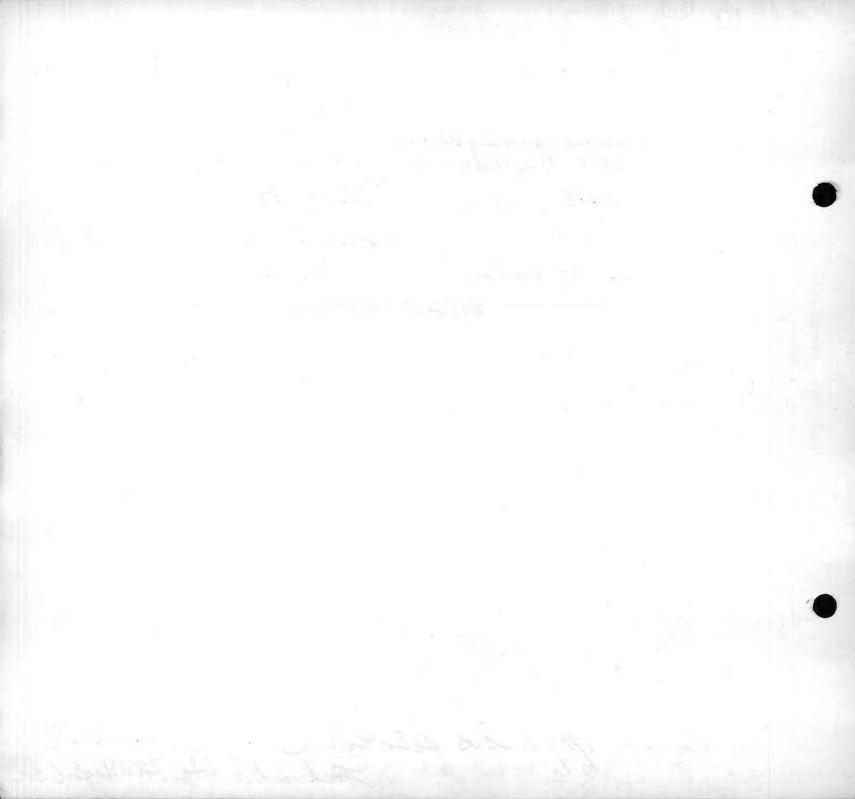
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-	- 5	7	1	I. NA

BIRTH NO.	00782	MEDIC	CAL E	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	70	10782
I. NAME OF					II2. DATE	Known []	Month	Doy	Yeor	Hour
(Type or Print)		H. ENN	IALS		OF DEATH	Estimoted		20,	7401	
4. PLACE IN	BALTIMORE, MARY	YLAND, WHI	RE PRON	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour M.
FULL NAME OF HOSPITAL OR INSTITUTIO	F (IF NOT I ADDRESS	N HOSPITAL C	R INSTITU	TION, GIVE STREET		UNCED DEAD		, - ,	1970	6:55 А. м.
0 22:			A. STATE	ESIDENCE (Who Laryland		B. COUNTY	residence b	petore odmission)		
6. SEX	7. RACE		MARRIED	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
Male	Negr	0 1	IDOWED	☐ DIVORCED ☐	Balt	imore		v	Es 🛣	ио 🗆
9. DATE OF BIRTH 10. AGE (In years H Under 1 Yr, II Under 24 Hrs. Months, Doys, Hours Min.						Callow A	venue			
11. BIRTHPLAC	CE (State or foreign	country)	12.	CITIZEN OF	13. FATHER	'S NAME				
Dorche	ester Coun	tv. Md.		WHAT COUNTRY?		0.	tis Gr	een		
14A.USUAL OC	CCUPATION (Give ki	ind of work 14B	KIND OF	BUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NA	ME	3611		
	stof working life, even	n retired)	Y	Ohaman		η.		Thum a 7		
16. WAS DECI	EASED EVER IN U.	S. ARMED FO	ORCES?	aborer 17. SOCIAL	18. INFORM	AANT	erthana	Ennal	DDRESS	
(Yes, no or unkn No	own) (If yes, give wor	r or dotes of s	ervice)	SECURITY NO.			De			
19.				1217-07-8071 CAUSE OF DEA		ana Whit	ner, ba	ltimore		ROXIMATE INTERVAL
30	5.7 L					al Hemor:	rhaca			EEN ONSET AND DEATH
DIS	EASE OR CONDITI		Y	Gastror	HICESCII	ial nemor.	Illage			
(This do	es not mean the ma	ode of dvina.	e.o.,	(A) IMMEDIATE C						*******
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,	complication wither	coosed deom.,								
	ANTECEDENT CA					tic ulce	r			
DISEAS RISE TO	ES OR CONDITION	S, IF ANY, GI	VING	DUE TO, OR	AS A CONSE	QUENCE OF:		*************************		
LINDER	LYING CONDITION	N LAST.	3 INE	(0)						
₫	II.			(c)						
OTHER S TO THE DISEASE	IGNIFICANT CONDI	TIONS CONT	RIBUTINO							
DISEASE	DEATH BUT NOT RE	LATED TO THE	TERMIN A		etamorr	hosis of	Liver			
20A. DATE				WHICH OPERATION WA	S PERFORM	FD			21 AUTOS	SY? (Yes or No)
0 2										Partial)
Z ZZA. EX	TERNAL CAUSE WA	24	[22B	PLACE OF INJURY (e.g.,	in an abaud 2	C WHERE DID	fit i D to	-		rallial)
UTING [CAUSE OF DEATH	IB-	nom	e, lorm, toctory, street, office	bldg., etc.)	NJURY OCCUR?	(it in Bollimore	City, give exo	ct location)	
OF INJUR	E (Month) (Doy) (Year)		22E.INJURY OCCURRED		2F. HOW DID IN	IJURY OCCU	R?		
(APPROX.)				WHILE AT WORK AT W	ORK					
23.								-		
10	ertify that I held	an Inqu	iry 📙	Inspection Au	rtial)	and that an t	his basis, o	leath in my	apinion	
re	sulted fram: Nati	ural causes	X A	coldent D Suicid	• Ho	micide 🔲	Undetermin	ed manner		
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ACTU	IATURE / /	les !	11/6	1	ASSIS	TANT MEDICAL	EXAMINER	$\overline{\mathbf{x}}$	1	DATE SIGNED
	AINER'S Rona	1d N. K	brnh1	um, M.D.		CIATE MEDICAL		<u> </u>	1/	14/70
	E (Type)		011101	.com, II a D a	A350	CIATE MEDICAL	EXAMINEK 1		1/.	14/70
24A. BURIAL C	REMATION, 24B.	DATE	2.	C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town	or county)	(Stote)
Rem. F		/19/197		Old Field Ce			orchest	er Coun	ty, Mar	ryland
ZJA. DATE REC	C'D BY HEALTH DE			OF REGISTRAR	25C. F	UNERAL DIRECT	ORTO	14	DRESS	
JAN	23 19/0	ع ظهد	Jack	Sey M.D.	0 51	edition l. l.	11100			HOM E
S 151-REV. 1/	1/68				10~	ALC-LU C	1000	vami	oridge.	uda





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1/18/20

17-	6201	CENTIFICATE OF DEATH X REG. NO. 70 00785
	and ased the Such	BIRTH NO. CERTIFICATE OF DEATH
		1. NAME OF DECEASED ROSE MARY DOROS Z. DATE AND HOUR OF DEATH 1 30 P.M. 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where deceased, lived, ly institution: residence below admission)
	a co	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, CIVE STREET) A. STATE B. COUNTY A. P. COUNTY A. STATE B. COU
	Se;	HOSPITAL OR ADDRESS OR LOCATIONI INSTITUTION C. CITY OR TOWN GIEN BURGE D. INSIDE CITY LIMITS? YES NO FE
u. p.	D.=_ L.	37 MERCY HOSP E. STREET AND NUMBER MAGNOLIA RO.
	d a e c	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Winder 1 V. II Under 24 Hrs. Months: Doys Hours Min.
		10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) ARYLAND 12. CITIZEN OF WHAT COUNTRY? ARYLAND ARYLAND 12. CITIZEN OF WHAT COUNTRY?
-	direct or c direct or c ; (4) Undet th was in on the decidishosition	13. FATHER'S NAME LAURENICS DARASZ 14. MOTHER'S MAIDEN NAME KESSISR
TAN	ssistant the di kind; death nce on final di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or doles of service) 16. SOCIAL SECURITY NO. Lawrence Dorosz 411 Magnolia Rd.
IMPORTANI	any hany handan	DISEASE OR CONDITION DIRECTLY NONE Lawrence Dorosz 411 Magnolia Rd. CAUSE OF DEATH CARDIO - RESPIRATORY BETWEEN ONSET AND DEATH
W	examiner or examiner. Als 3) A fracture of who pronou n regular att	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE
CTOR:		injury or complication which caused death.) RECURRENT Lymphocytic ANTECEDENT CAUSES
DIRECT		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: ise to the abave cause (A) stoling the UNDERLYING CONDITION last. (C)
	medical er burns; (; physician an was it	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
UNERAL	a ody he sici	19.4 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 204 AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
F	by the c pital by rre;; (2) B where t where t No phy	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID (if in Boltimore City, give exoct locotion) or CONTRIBUTING CAUSE OF Lorm, lociory, street, affice bidg. INJURY OCCUR?
	roved by he hosping at a water	21D. TIME (Month) IDoyl (Yeorl (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work
	9 4 5 6 6	22. I certify that (1) (this hospital) attended the deceased from SAN, 2014, 1970 to SAN, 2014, 1970 that (4) (we) lost sow the deceased alive on 1/20 1970 and that in (4) (aur) opinion death accurred on the date
	be nt o ut o bito	and hour and from the causes stated abave. (We) (dld) (did net) view the bady after death. 23A. SIGNATURE
	a h	Hatrich H. Molony Minsberg Phys. Attending Med. Director Phys. B 1/20/70
	certificate body was r vs: (1) An a b.O.A. at ased prior ten approv	Patrick A. Molony 5377 Carriage Court
	certi oody /s: (1 D.O. assed	REMOVAL ISpecify)
	This certif the body shows: (1) was D.O. deceased	Burial 1/24/70 Holy Cross Cemetery Brooklyn, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Raymond C. Fink Glen Burnie, Md.
		VS 150-REV, 1/1/68

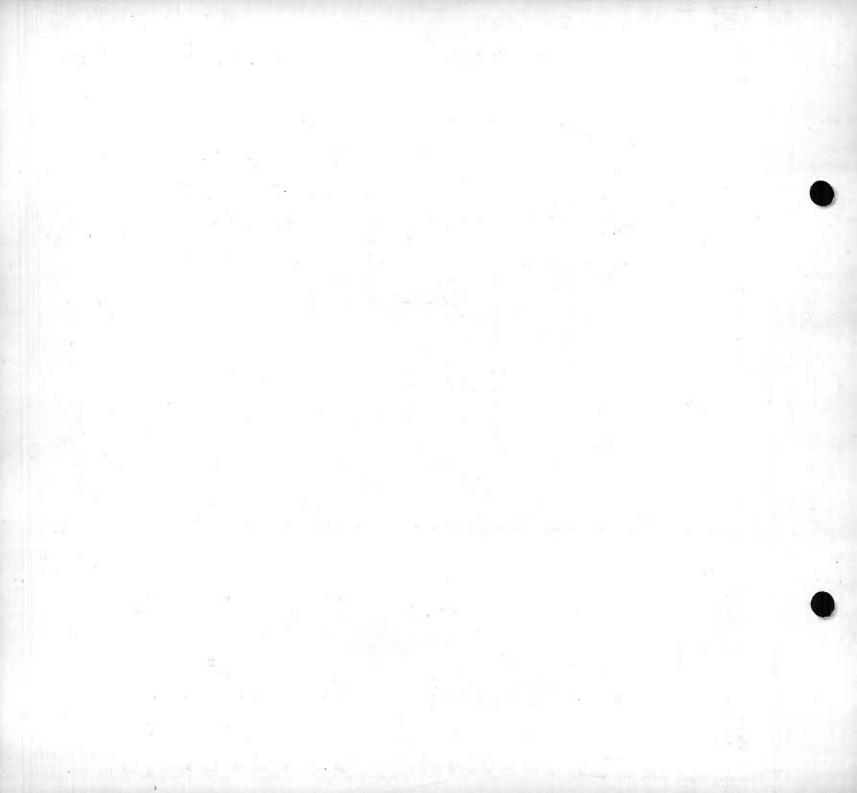
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MER IN WITH MILE

FLAN A MILLEN , NO

	BALTIMORE CITY	HEALTH DEPARTMENT	. /	70 0000
70 00786	CERTIFICA	TE OF DEATH	REG. NO.	70 00786
I. NAME OF DECEASED Type or Printl ARNOST BURGEMEIS		2. DATE AN	20, 1970	8:45 A _M
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) INSTITUTION Public Health Service Hose X 3100 Wyman Parkway	ON, GIVE STREET	Florid C.CITY OR TOWN Miami	a 2	IDE CITY LIMITS? YES NO
7100 Hyman Larkway		1701 SW 17t	h Ave.	
5. SEX 6. RACE 7. MARRIED X WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	DIVORCED _	8. DATE OF BIRTH 11/18/19	9, AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
done during most of working life, even if retired) Cook Seafare	er	Czecho	slavakia	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME France Burgemesiter		Francisca		
(Yes, no or unknown) (If yes, give war or dotes of service)	340-28-2979		HS Hospital	<u> </u>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAUSE DUE TO, OR AS A	Peritonitis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.	(B)	a Consequence of:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	CH OPERATION	Carcinoma of a		Months FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF home, I	ACE OF INJURY(e.g., in larm, factory, street, affi	yes or obout 21C. WHERE DID ice bldg., INJURY OCCUR?		e City, give exoct location)
<u>u</u>	JURY OCCURRED At Mat While At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (1) (this haspital) attended the attended the attended (1) (we) last saw the deceased alive on ond hour and from the causes stated above. (1)	Jan, 20	19 70 and th		n. 20 19 70
23A. SIGNATURE Actor Philips W 23C. Physician's NAME (Type)	AD OEGREE Phys.	nding Med.	Shoff Phys. Balto. Md	238, DATE SIGNED 1/20/70
REMOVAL (Specify)	(R) OEGREE E OF CEMETERY OF CREE Lawn Park	MATORY 24D. L		ity, town, or county) (State)
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF F	REGISTRAR	25C. FUNERAL DIRECTOR		1050 York Road Towson, Md. 21204



435

70 00787 BALTIMORE C	ITY HEALTH DEPARTMENT	S. S. Pero III.
BIRTH NO. CERTIFIC	CATE OF DEATH REG. NO. 70	00787
1. NAME OF DECEASED (Type or Print) CLAYTON, CHARLES R	2. DATE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		3.30 A.
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where decoosed lived, If institution: residence a STATE B. COUNTY MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMIT	905
TUNION MEMORIAL HOSPITAL	BALTIMORE E. STREET AND NUMBER 916 MONTPELIER STREET	NO 🗌
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED WIDOWED DIVORCED TO	8. DATE OF BIRTH 9. AGE (in years if Under I Months; Do	Yr. If Under 24 Hr oys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	10 0 1F 7F 7F 7F 7F	
PAINTER Painting	MARYLAND U.	S. A.
WILLIAM CLAYTON	14 MOTHER'S MAIDEN NAME FANNY	
15. Woe Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT	DDRESS
no (If yes, give wer or doles of service) 220-09-2477	IRENE CLAYTON same as	,
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stotling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AUSE AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	M.M.
DISEASE OR CONDITION GIVEN IN PART) (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CO	NSIDERED ATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INTURY (6.0	office bldg. INJURY OCCUR? (If In Boltimore City, give on	coct locotion)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Not Will At Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this hospital) attended the deceased fram		2/ 19 70
	The state of the s	occurred an the dat
and hour and from the causes stated above. (I) (We) (did) (did nat) 23A. SIGNATURE Cahun M.D. Al	23 R DATE SI	IGNED
OSCARS Ph	Hending Med. Staff	
NAME (Type) JUAN CABRERA M.D.	UNION MEMORIAL HOSPITAL.	
AA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town, or co	unity) (Stoto)
Burial 1-24-1970 Woodlawn Cemete		223800
1AN 23 1970 Rest E. Failer D.D.	Wm. Cook Brooks Towson, 1050 You	rk Road Md. 21204
\$ 150-REV. 1/1/68		

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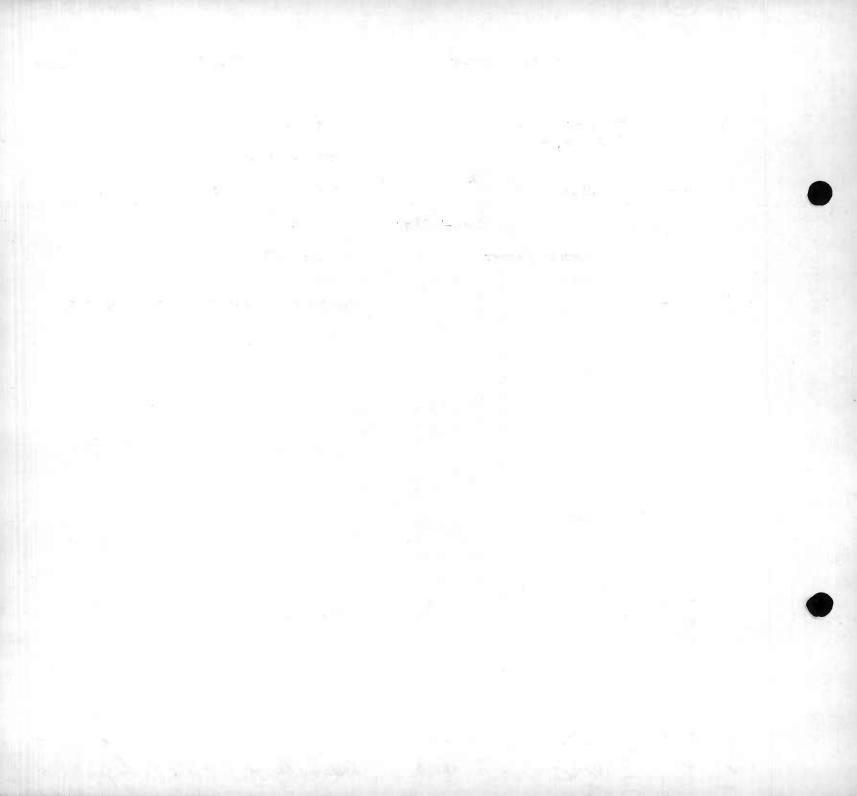
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70 00788

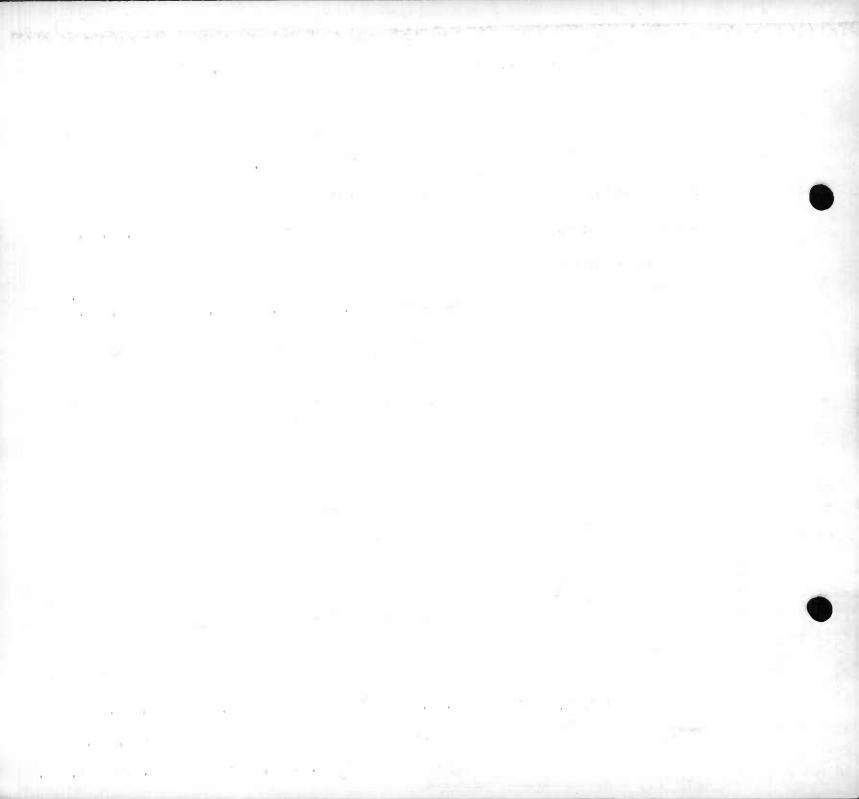
BALTIMORE CITY HEALTH DEPARTMENT

REG. NO. 70 00788

Type or Print)	Charle	os E Ke	enner	2.	Jan 21,			
. PLACE IN BA	LTIMORE, MARYLAND, W		oriented to		NCE (Where deceo		institution; residence b	
				M. STATE	B. COUNTY		151	141
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	ATION)	TTUTION, GIVE STREET	C. CITY OR TOWN		D. IN	SIDE CITY LIMITS?	
841 Pontiac Ave			Baltimore YES X NO					
00	Baltimore, Md			E. STREET AND N	UMBER			
00					ntiac Ave			
. SEX	6. RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	lest birth		Menths Deys H	f Under 24 H eurs Min.
Male	White	WIDOWE	D DIVORCED DIVORCED DIVORCED	6/25/05	64	•	12. CITIZEN OF W	HAT COUNT
one during mest e	f werking life, even if retired)		oisen-Walker	Md	ole or tereign ceun	iry)	USA	HAI COUNT
Mecha		Har	or Ball-ugTvar		IDENIALAS		USA	
3. FATHER'S NA	Leroy	Kenner	•	Ide I				
5. Was Decease	ed Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT			ADDRESS	
Ne Ne	my yes, give wor or dore	ca or service.	SECURITY NO.	Months P	Kannan di	7 D	isc Ave 212	25
18.	4 (4 1		CAUSE OF DEAT	H Marcha D	manuar, ov	L rone	APPROXI	MATE INTERVA
000	0 1 1						BETWEEN	NSET AND DE
DISEA	ASE OR CONDITION DI		Cu	Zonara 10	colución	3		
	LEADING TO DEATH		(A) IMMEDIATE CAL	ICE //				
	nal meon the mode of		DUE TO, OR AS	A CONSEQUENCE OF	F:		***************************************	
	, asthenia, etc. It means mplication which coused		se,					
mory or co	implication willell consed	a death,/	0					
			- 1 -	is end in a	O CV M	colore)	
	ANTECEDENT CAUSES	S	try,	pulmer	o eva	escar		
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	OR CONDITIONS, if he above cause (A)	ony, givin	DUE TO, OR AS	A CONSEQUENCE	OF:			*****
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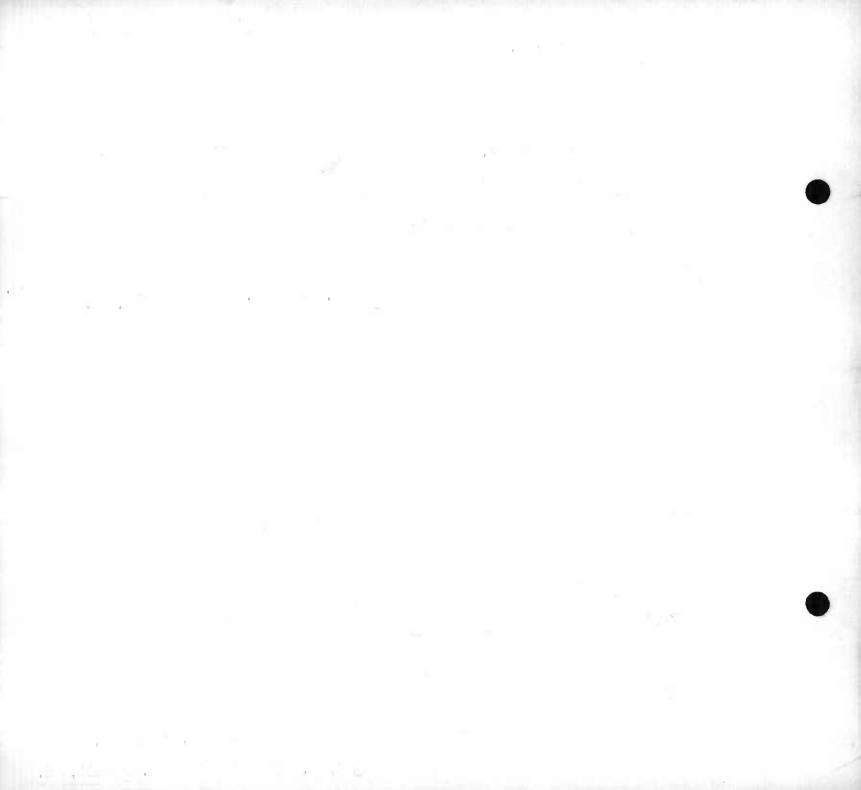


70	. UNITOO	INFICATE OF DEATH X REG. NO. 70 00789
I. NAME OF DECEASED	CERT	IFICATE OF DEATH REG. NO. 70
(Type or Print) Melvin	2107 6 007	January 21, 1970
3. PLACE IN BALTIMORE, MARYLAND, Y	WHERE PRONOUNCED DEAD TAL OR INSTITUTION, GIVE ST ATION)	A. USUAL RESIDENCE IWhere deceased lived. Il institution: residence before admission Baltimore
INSTITUTION.		C. CITY OR TOWN Dundalk D. INSIDE CITY LIMITS? YES NO
3 Baltimore City	Hospital	E. STREET AND NUMBER 711 Wise Ave.
5. SEX 6. RACE White	7- MARRIED THE NEVER MAR WIDOWED DIVOR	RCED 1/7/09 lost brindoy) Months; Doye Hours Min.
10A. USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired) Musician & Painter	108 KIND OF BUSINESS OR I	INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland U. S. A.
13. FATHER'S NAME Martin McFaul		14. MOTHER'S MAIDEN NAME Anna Emberly
15. Woo Deceased Ever in U. S. Armed Fo (Yes, no arunknown) lif yes, give war or dok No	16. SOCIAL SECURITY N 218-01-6	No. 17. INFORMANT (Wife) 711 Wise Ave. 6805 Mrs. Helen E. McFaul, Dundalk, Md. 21222
heort failure, osthenio, etc. Il meons injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, il rise to the above couse IA) UNDERLYING CONDITION lost.	ony, giving DUE II sloling the (C)	Description of Adays = Adays = Description of the State o
TO THE DEATH BUT NOT RELATED TO TO TO THE DISEASE OR CONDITION GIVEN IN PART 19A-DATE OF OPERATION 19B. CON WAS PER	T 1 (A).	100000000000000000000000000000000000000
ZIA ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inoffy medical examined	218 PLACE OF INJU	Street of the bldg. INJURY OCCUR? (If In Boltimore City, give exect location)
210-YIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Houd 21& INJURY OCCUP While At Work	RRED 21F. HOW DID INJURY OCCUR? Not While
22. I certify that (1) (this hospital that (1) (we) last sow the decease	d olive on ta	with yo bg and that in (my) (out) opinion death occurred an the dat
and haur and from the causes sta	red obove. (1) (We) (did) (di	Id not) view the body ofter death.
23A. SIGNATURE	DEC	Attending Med. Stoff 23B, DATE/SIGNED 23B, DATE/SIGNED
23C.PHYSICIAN'S NAME (Type) Melvin B.		6800 Mornington Rd. Dundalk Md
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1/24/76	24C. NAME of CEMETER	RY OF CREMATORY 24D. LOCATION (City, tawn, or caunity) (Stolet
JAN 23 1970 Beech	E. Jaber M.D.	John J. Duda, 7922 Wise Ave. Dundalk, Md.

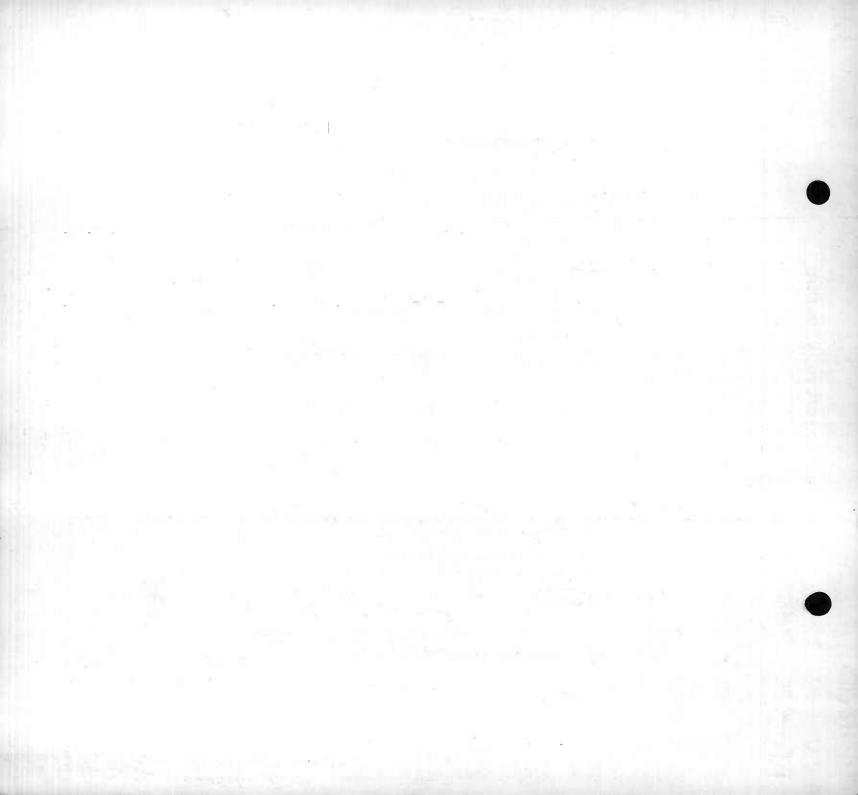


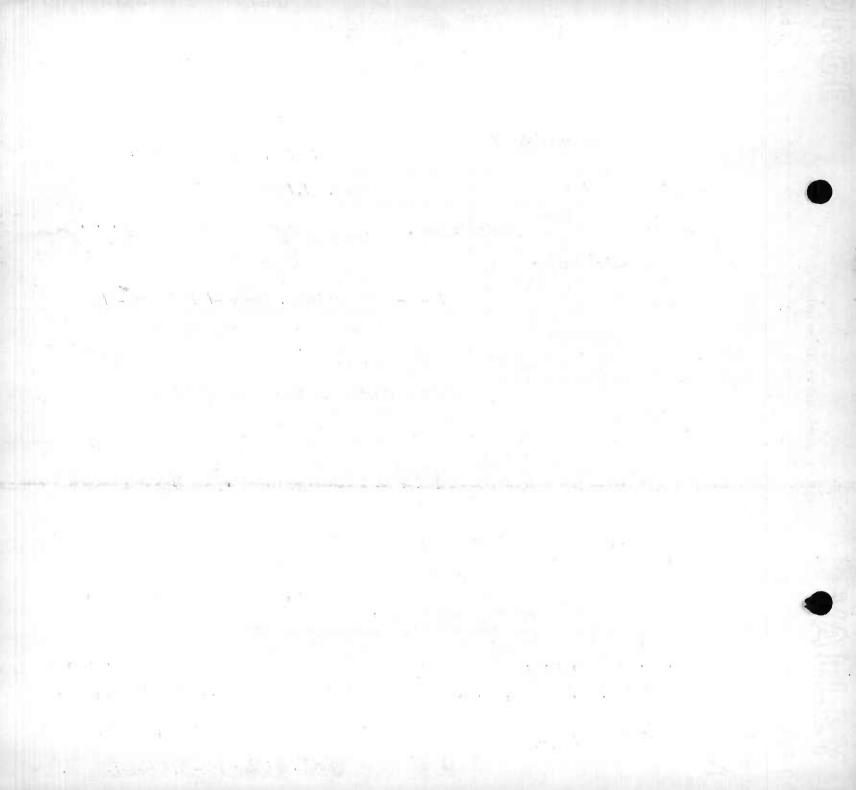
IMPORTANT

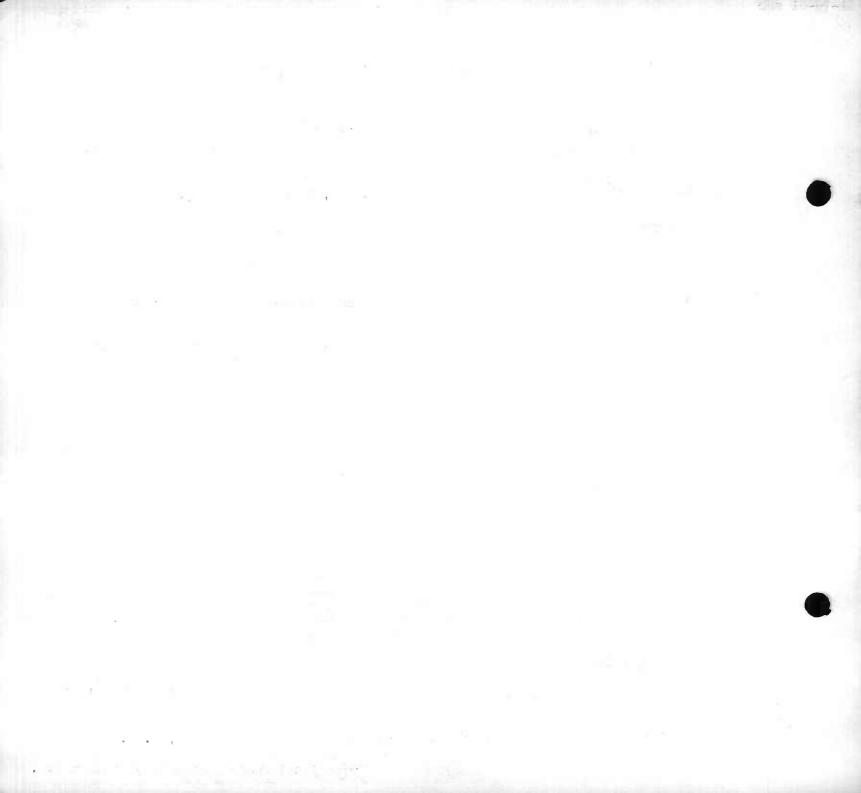
DIRECTOR:



17 761	1	BALTIMORE CIT	Y HEALTH DEPARTMENT	70 10791
5-500		70 00791 CERTIFICA	ATE OF DEATH REG. NO	700
and		NAME OF DECEASED	2. DATE AND HOUR OF DEAT	н
-005	(T	GERTRUDE SCOTT	01/18/70 7	AM I M.
8 00	3.	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decoosed lived. If	
- U	0	THE NAME OF SHEET IN HOSPITAL OR INSTITUTION ON A STATE		0. 6===
a hos cause se; (5)	ч н	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	C. CITY OR TOWN	ISIDE CITY LIMITS?
in a g cau ause;	₽ "		SILLVER SPRING	YES NOX
in gan	0	33 JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER	
Pat p	G 6		1300 MORNINGSIDE DR	IVE
occurre contribut termined regular	D E 5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yoors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
THE BE	E E	FEMALE WHITE WIDOWED DIVORCED	12/28/17 52	
000		0A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
in de	9 0	Housewife Own Home	20wa	u. S. A.
\$ C + G	o S 13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
F = 5 (4)	spo	BERT DODGE	MINNIE MOREY	
Zigit		S. Wos Deceased Ever in U. S. Armod Forces? (os, no or unknown) Uf yos, give wor or dotos of service) SECURITY NO.		M . · ADDRESS D .
Star star he dind	• <u> </u>		Mr. Dale H. Scott Silve	Torningsiar Dr.
SSi SSi	F = F	No 474-03-2881	THE. DAKE N. SCOKE SIWE	APPROXIMATE INTERVAL
IMPORTANI r his assistant Also, if the dir of any kind; (o d	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
A 05 0 2	o o	LEADING TO DEATH	SUSE Metastatia Breast	Pancer 10 uns
A P O O	E	(This does not meen the made all dying, e.g., DUETO, OR AS	A CONSEQUENCE OF:	
A Per	ba	heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death.)		· ·
O inita	9 6	ANTECEDENT CAUSES	•	
O DEA	5 ē	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:	
DIRECTOR: ical examiner al examiner. s; (3) A fractu	- S	rise to the above couse (A) stating the UNDERLYING CONDITION lost.		
ol ol	S in			
AL De medice edica burns	remain	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Piver Sailure	
E P P P P	0 . 9	☐ ITO THE DEATH BUT NOT RELATED TO THE TERMINAL ✓ DISEASE OR CONDITION GIVEN IN PART I (A).	A	
FUNERAL The chief med By a medic Body buri	the The	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WER	FINDINGS CONSIDERED AUSES OF DEATH?
2 4 × 8 ±	re re	2 0	7	
F e e e e e e e e e e e e e e e e e e e	befor	OR CONTRIBUTING CAUSE OF home lorm loctory street	in or obodi 21C. WHERE DID (If in Boltim	ore City, give exact location)
ye it				
d bo	ned MFD	21D. TIME (Month) (Doy) (Yeot) (Hout) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
A P G	d (o)	(APPROX.) While At Not Wh		
he or o	등학	22. I certify that (I) (this haspital) attended the deceased fram	19 70 to	Jan 18 19 70
4 0 d b d b d b d b d b d b d b d b d b d	h);	that (1) (we) last saw the deceased alive an Jan 18	19 70 and that in (my) (aut) a	plaian death accurred an the date
- + - G		and haur and fram the causes stated above. (1) (We) (did) (did nat)		
ast en en es	0 0	23A. SIGNATURE A. I FAMOR COMP.		23 B. DATE SIGNED
must eleas ccide	0 =	Haras Matter	tending Med. Staff Phys.	1/18/70
0 5	- 2	23C.PHYSICIAN'S	23D. ADDRESS 601 north Be	valury
was An	pro	NAME (Type) Gary Charles Hassmann	THH	
# (23.	Aoudd D	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	REMATORY 24D. LOCATION	City, town, or county) (Stoto)
cert body ws: (dis.		-:+6 P-1+: M	and and
s co	0 1	Burial Jan. 22, 1970 Garden of To	aith Baltimore, Ma	Musa ADDRESS P.
h h	Mr.	14N 23 1970 70 46 7 0	I Paul De Smith.	Silver Source and
		\$ 150-REV. 1/1/68	JU-9-5000	and all





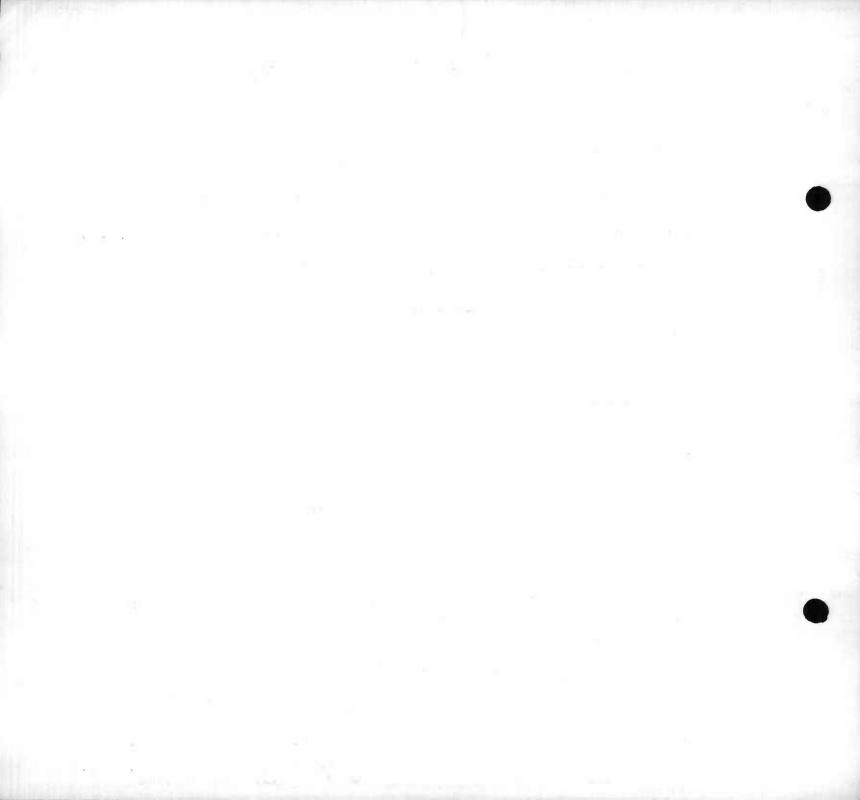


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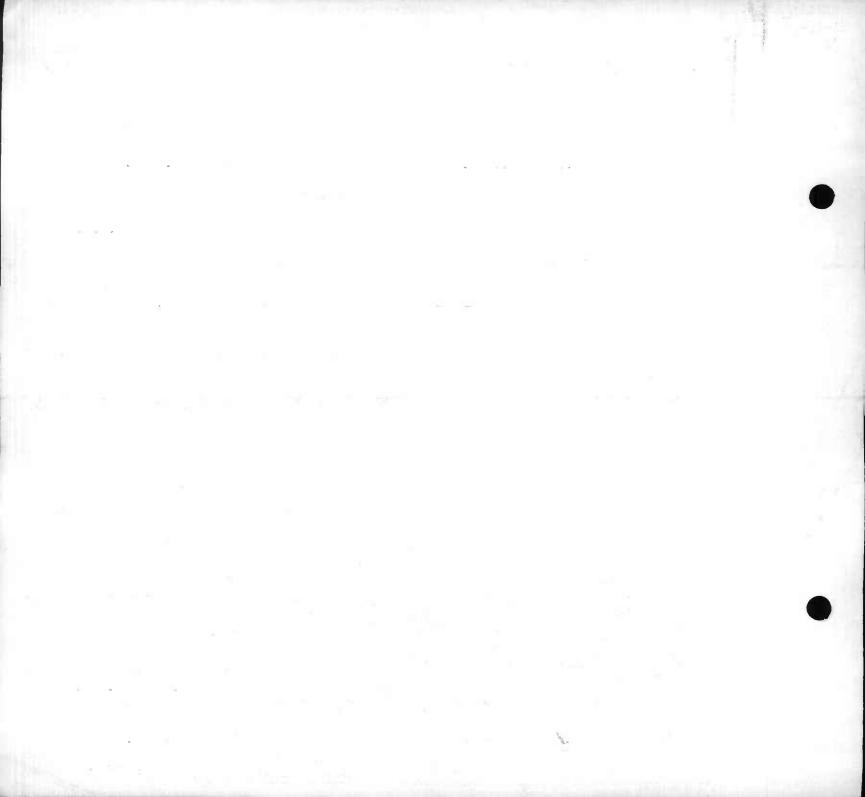


NO SOMO	BALTIMORE CITY	HEALTH DEPARTMENT		70 00705
BIRTH NO. 70 00795	CERTIFICA	TE OF DEATH	REG. NO	70 00795
(Type or Print) BERTHA Or Bozena	PARIZEK		AND OUR OF DEATH	12°5 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE V	Vhera deceased lived. If I	nstitution: residence before admissi
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ION, GIVE STREET	C. CITY OR TOWN	D. INS	9-06 SIDE CITY LIMITS?
1. /		BALTIMORE		YES NO
44UNION MEMORIAL ItC		1605 E.	30th Street	
WIDOWED	DIVORCED	8. DATE OF BIRTH 5/01/95	9. AGE (In years lost birthdoy)	If Under 1 Yes If Under 24 H Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BI	USINESS OR INDUSTRY	11. BIRTHPLA CE (State or	(areign country)	12. CITIZEN OF WHAT COUNT
HOUSEWIFE at 1	home	CZECHOSLOVA	KIA	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Slavnik	NOT	KNOWN	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	-36-8808	MR. MILTON	PARIZEK, 190	7 LONGVIEW AVE
18. 427.21	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEA
LEADING TO DEATH	(A)IMMEDIATE CAUS	SE Cardy - MIS	puratory are	st.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:	 	
injury ar camplication which caused death.)		00 1	arusa Larra	and a
ANTECEDENT CAUSES	(B) probable	1 2° to myoca	rdial failure	ogens.
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	QUE TO, OR AS	A CONSEQUENCE OF:	(
UNDERLYING CONDITION last.	(c)			

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
SISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
19A-DATE OF OPERATION 198 CONDITION FOR WHI	ICH OPERATION	20A. AUTOPSY? (Yes or	No) 208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CO CONTRIBUTION TO	ACE OF INJURY (e.g., in form, fociery, street, offi	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimor	e City, give exact location)
Q 21 D. TIME (Month) (Day) (Year) (Hour 21 E. IN)	JURY OCCURRED	015		
VILLE (APPROX.)		21F. HOW DID I	NIURY OCCUR?	
Work	At Work			
22. I certify that (i) (this hospital) ettended the c	deceased from 12	20	_19_ <i>69</i> _to	1/18 19 70
that (1) (we) last saw the deceased alive on	1/18	19 70 ond	that In (my) (aur) api	nion death occurred an the da
and hour and from the causes stated above. (1) (Y	Ye) (did) (did not) vi	ew the bady after death		
23A. SIGNATURE		,		23B, DATE SIGNED
Unne L. Leddy	M, D, Attend	ding Med.	Staff Phys.	- M 117, 412, 412
23C. PHYSICIAN'S NAME (Type)	DEGREE	D. ADDRESS	- 4 1 /	. 0
	te	mon /Memi	rual Hospita	I Belt. Mid
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	E of CEMETERY OF CREA	AATORY 24D.	LOCATION (Cit	y, town, at county) (State)
ALL TOP CITY	emian Natio		Baltimore,	and the second second
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R				
13.1 23 1970 23 8 E Japan	0 0 0	Schimunek	Funeral H	ome, Inc.
5 150-REV. 1/1/68		333	1 Brehms L	ane

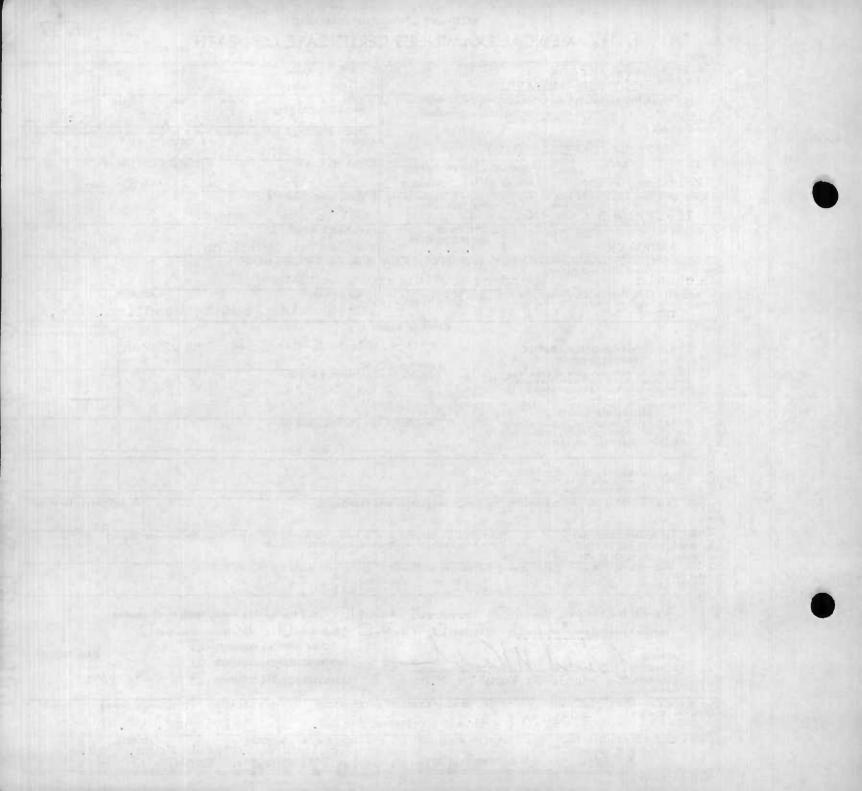


51-10-63			70	00790		ATE OF		REG. 1	NO.	70 00798	
7007		RTH NO.		0010	CERTIFIC	CATE OF	DEATH	KCO. I			
Suc a the see		Pe or Print)	RASED	1/0	Hook	noted.	2. DATE A	ND HOUR OF	DEATH	0.915	-11
T 000 4	3.	PLACE IN BAL	TIMORE MARYLAND,	WHERE PRONC	UNCED DEAD	4. USUAL F	RESIDENCE (Who	ere deceased liv	ed. Il institu	tion: residence before	Madmission)
hospi ise o (5) D ance deat						IIA SIAIE	yland	NTY		1/2/	
	III H	JLL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOC	CATIONI	TUTION, GIVE STREET	C. CITY OR			D. INSIDE	TTY LIMITS?	<u> </u>
n a cau	1	17 /	11	11	//	11	timore			s No	
and and in	1/	130 10	TMORP (1111	1505 p.10	E. STREET A	AND NUMBER				
ibuti ibuti ined ined olar ade.	=	4940 Ea			Md. 21224					Md. 21205	
trib min gul	3.		6. RACE		NEVER MARRIED			9. AGE (In year	[Me	Under 1 Tr. If Unc	ler 24 Hrs. Min.
occu ontri ermir regu	10	Female	White UPATION (Give kind of work	WIDOWED		8-6	-11		58		
de in de	do	ne during most of	working life, even if retired)		, bootings or inpo				1.	U.S.A.	COUNTRY
ded Unc ed sitis	13.	FATHER'S NA	one				exex Kel			V.D.A.	
++ € × ++ od			Al Clevenger				Rosann M				
dis dis	15		Ever in U. S. Armed Fo		11 6 60 01 41						
Star indi eat	(Te	s, no ar unknown	Of yes, give wor ar dot	les of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMA				n Avantess	24
ORI f th f th d d d d	-	120		2	12-26-3753		Records:	Baltl	more,M	aryland 212	.24
P s p p o		18. 203	X I		CAUSE OF D	ATH				APPROXIMATE BETWEEN ONSET	
or hiso Also noun attendant		DISEAS	SE OR CONDITION DE LEADING TO DEATH	IKECILY		fn	Eumi	onio		121	1/2
		(This does n	al mean the mode of asthenia, etc. Il means	dying, e.g.,	(A) IMMEDIATE	AS A CONSEQUE	NCE OF:		1		<u> </u>
A Property		injury or com	plicalian which caused	d death.)		11/1	. /		/	10.	
True of free of the second			ANTECEDENT CAUSES		(B)	14/17	p/8 1	m40/0	Ma	- X6/1	5.
X X X X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		DISEASES C	OR CONDITIONS, ii	any, giving	DUE 10, 0	AS A CONSEQUE	ENCE OF:		***********	/	
DIRECTOR: cal examiner. s; (3) A fractulian who profis in regular ins are emba	1		CONDITION last.	sioning inc	(c)	***************************************			************		
	Z		11		0	1.	/ 2				
RAI med med phy phy an year	ATION	TO THE DEAT	H BUT NOT RELATED TO	THE TERMINAL	Car	nal ok	9 50	eps,	-3		
A P P P P P P P P P P P P P P P P P P P		DISEASE OR C	OPERATION 198 CON WAS PER	RT 1 (A).	WHICH OPERATION	[20A. AUT	OPSY? (Yes or N	ol 208 IF YES	WERE FIND	INGS CONSIDERED	*********
UNERAL chief mec by a medi body bur the phys hysician w	CERTIFIC	12/1/	The sure			4	105	IN CERTIFYIN	YES	OF DEATH?	(18)
T 5 4 4 5 0 0		OR CONTRIBU	T'WAS UNDERLYING	21 B	PLACE OF INJURY (e., form, foctory, stree	g, in ar about 21 C	WHERE DID			y, give exoct location)	
No on one	ICAL	DEATH (notify	medical examined	elc.)		-111	~			
d b osp tur (6)	MEDI	OF INJURY	(Month) (Doyl (Year)		INJURY OCCURRED		HOW DID IN	JURY OCCUR?			
a.d. 0. b.a.	-	(APPROX.)		Wh	ile At D Not	Vhile onk	100		,	101	~
prov the iny n and obta		22. I certify	that (1) (this hospita	l) attended t	he deceased fram	12-10	0/	.19ta		J 1	10
al of o		that (1) (we)	last sow the decease	ed alive on	1-18-	19	Zond th	nat in (my) (ou	ır) opinlan	death accurred on	the date
iust be a leased to ident of hospital o death)		and hour and from the causes stated above (1) (We) (did) (did not) view the body after death.									
		23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED									
F 0 0 n + 0		22C PHYSICIA	sent W.	174	DEGREE	Phys.	Med. Director	Staff Physic III	1	4-110,1	7/0
Ficate Was r An a A. at a prior		23C. PHTSICIA NAME (T	pel/Lebont	! 11/	Cohard K	23D. ADDRESS	4940 E	astern A	Ne P	alto. Md.	1224
	74	A. RURIAL CREE	MATION, 24B, DATE	12:0.11	GETT OF		11/mo	100	119	NO SPIN	~ /.
od (1)		REMOVAL (S	pecifyl 3 /00 /		AME OF CEMETERT OF			OCATION	•	wn, or county)	(Stote)
This cer the bod shows: was D.(decease	25	Burial	1/22/		rdens of F			Baltimo			
This the k show was dece	1			8 E Ja	Ben M.D.	Sph:	eral Director imunek 31 Breh	Funeral	l Home	ADDRESS Inc.	
	VS	150-REV. 1/1/6		1		33	31 Breh	ms Lane	2		



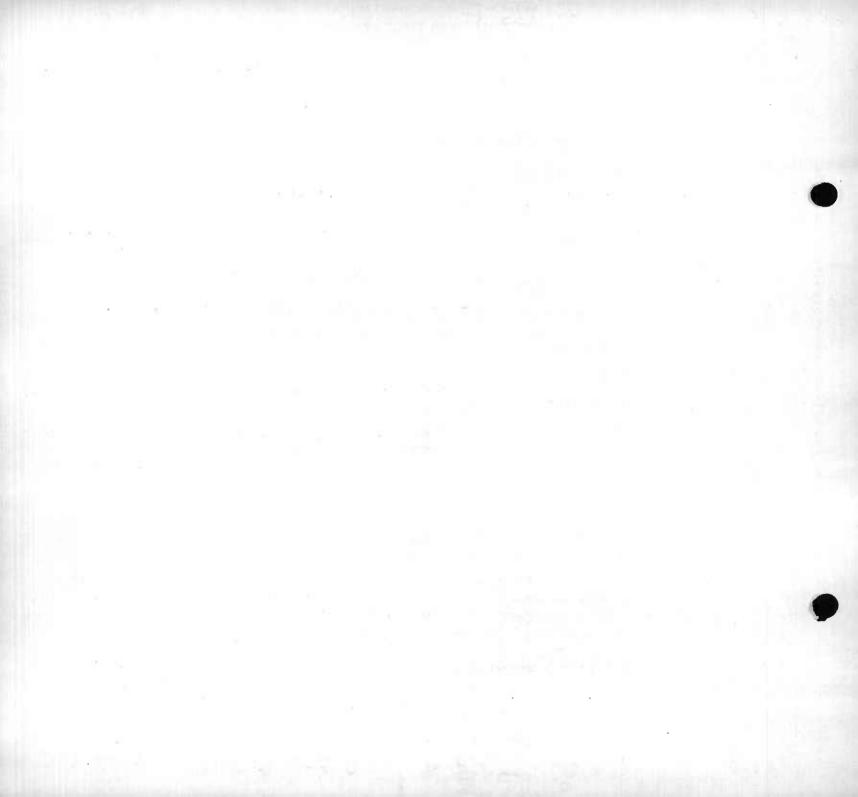
VS 151-REV. 1/1/68

		Lorent .			ORE CITY HE					711	11979	77
	70 11179	7 MED	DICAL	EXAMI	NER'S	CERTIF	ICATE OF	DEAT	H REG. NO.			16
BIRTHN	0.											
(Type or	Print) PHILID	Frank	NDLING	,		2. DATE OF	Known 📗	Month	Doy	Year	Hour	
			DEATH 3. DATE	Estimoted	Month	Doy	Yeor	Hour	М.			
FULL NAM	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET						UNCED DEAD		cy 20,19			0 D
OR INSTIT	NOITUI	DRESS OR LOCA	ATION)			5. USUAL I	RESIDENCE (When				before odm	O P _M
	HOPKINS I	HOCDTTA	L (DC	14.)		A. STATE			B. COUNTY	/	10 9	ission
6. SEX	17. RACE			IED NEVER	****	C. CITY O	Maryland		D. INSIDE C	ITY LIMITS?	00	
Ma 1		ite	WIDOW		IVORCED		timore					
	OF BIRTH	10. AGE (AND NUMBER		Y	ES X	NO L	
11	2/31/1903	last birthde	66	Manths Doys		M						
	IPLACE (State or lar			12. CITIZEN O	F	13. FATHER	Belnord A	venue				
	Hungary			WHAT COL			Peter We	ndline	,			
14A.USUA	AL OCCUPATION (Give kind of work	148. KIND						3			
done durin	g most of working life,	, even if retired)		ect Rad			unknow					
	DECEASED EVER I	N U.S. ARME				IB. INFOR			Δ	DDRESS		
	unknown) (il yes, glv				RITY NO.		therine	Freits			wife	ahe
19.	110			CA	USE OF DEA		chief The	ricita	ig went		PPROXIMATE	
1	+10,4	1					0 11				VEEN ONSET	AND DEATI
	DISEASE OR CON	NDITION DIRE	CTLY		Arterio	sclero	tic Cardi	ovascul	ar Dise	ase		
(Th	is does not mean I	he mode of di	/ing, e.g.,	(4	DUE TO, OR		DIENCE OF					
	art failure, asthenio, ury ar complication w											
	ANTECODE	IT CALICE										
DI	ANTECEDEN SEASES OR COND		Y. GIVING	(E	DUE TO, OR	AS A CONSE	QUENCE OF:					
11 I UN	SEASES OR COND SE TO THE ABOVE (NDERLYING COND	CAUSE (A) STA	JING THE									
0				((C)	****					************	
ERTIFICATION OIL OIL OIL OIL OIL OIL OIL OIL OIL OIL	HER SIGNIFICANT C	II ONDITIONS C	ONTRIBUT	ING						17.5		
E TO	THE DEATH BUT NEEDE OR CONDITION	OT RELATED TO	THE TERM	NAL								
20A.	DATE OF OPERATI			FOR WHICH OF	PERATION W	S PERFOR	MED			21. AUTO	PSY? (Yes	or No)
0												
₹ 22A.	EXTERNAL CAUS			22B. PLACE OF	INJURY (e.g.,	In or obout	22C. WHERE DID	(Il in Boltimor	re City, give ex	oct locotion)	10	
	ERLYING OR CO			home, lorm, locto	ory, street, alfic	bldg., etc.)	INJURY OCCUR?					
≥ 22D.	TIME (Month)	(Doy) (Yeo	r) (Hour) 22E.INJURY	OCCURRED		22F. HOW DID IN	NJURY OCC	JR?			
(APP	NJURY '			MHILE AT WORK		WHILE ORK						
23.				III.] WORK	I AI W	OKK L						
	I certify that I	held on 1	nquiry [Inspecti	ion X Au	lapsy 🗌	and that on	this basis,	death in my	opinion		
	resulted from:	Natural cau	ses 🗴	Accident [Suicid	• 🗌 н	omicide 🗌	Undetermi	ned manner			
) 1	2/1	1/ ,	1		CHIEF MEDICAL	EXAMINER				
1 1	ACTUAL SIGNATURE	huld	NI	lub	M,D	ASS	ISTANT MEDICAL	EXAMINER	\mathbf{x}		DATE SIG	NED
2 2	EXAMINER'S	Ronald	N. Ko	rnblum,M	1.D.		OCIATE MEDICAL	EXAMINER		1/21/	70	
	NAME (Type)											
REMOVA	ITIAL CREMATION,	24B. DATE	4		of CEMETERY			LOCATION	(City, low)	n, or county)	(SI	ote)
Bu	rial'	1/24/	70	Holy	Redeer	ner Ce	em.	Balti	more,	Md.		
25A. DAT	E REC'D BY HEALT			AME OF REGIS		25C.	FUNERAL DIRECT	OR	Δ	DDRESS		
	YAN 23 1	970 Pal	388	Jaben !	A.	0 00	himunek 3 3 310Br	dhme I	an Hon	ie, ir	ic.	
1	F1				IX ES		THE PARTY	T CTITLE	Jelli C			





				HEALTH DEPARTM		70 00700
	70	00799	CERTIFICA	TE OF DEA	TH REG. NO.	70 00799
BIRTH NO.	FASED				ATE AND HOUR OF DEA	TM
Type or Print)		CINA BU	JCSURICS			
3. PLACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESIDENC	Jan.19,1970	5:30 p.
				A. STATE B	B. COUNTY	211211
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	Md. 2		2137
NOITUTITEN				C. CITY OR TOWN Baltimo		NSIDE CITY LIMITS?
1 1	Union Memo	orial F	Hospital	E. STREET AND NU		YES NO
44					idgeview Ave	nue
s SEX	6. RACE	7		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
			NEVER MARRIED		lost hirthday	Months Doys Hours Min.
female	white	WIDOWED	BUSINESS OR INDUSTRY	Feb.13,1		
	working tife, even if retired)	108, KIND OF	BUSINESS OK INDUSTRY	11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF WHAT COUNT
Housev	wife		at home	Czechos.	lovakia	U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIL		
		Cec	h	1	unknown	
5. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	(If yes, give wor or dote	s of service)	SECURITY NO.			
		21	3-10-0436D		ris Bucsuric	es, dght. above
1B. 4	1,91		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	E OR CONDITION DI	RECTLY	MYICARDI	IN INFAI	2ction	1 Houre
	LEADING TO DEATH		(A) IMMEDIATE CAU			
	of mean the mode of osthenio, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:		
injury or com	plication which caused	death.)	CORONAC	EV ATHE	RUJELE KVS,	15 7110
-	ANTECEDENT CAUSES					- There
	R CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF		
	obove cause (A) G CONDITION last.	stoting the		selerous,	Smallyd	20 plates
ON DURE HIT			(C).32.1.F3.337		0	
Z OTHER SIGNIE	ICANT CONDITIONS CO	NIDIDITING				
TO THE DEAT	H BUT NOT RELATED TO TH	HE TERMINAL	0400404004004400004000			
U 19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Ye	es or No) 20B. IF YES, WE	RE FINDINGS CONSIDERED
O SETTE	WAS PERI	ORMED			IN CERTIFYING	CAUSES OF DEATH?
U 21A. ACCIDEN	NT WAS UNDERLYING	218.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE	DID (If in Baltir	more City, give exoct location)
OR CONTRIBU	medical examiner)	hom etc.	e, form, foctory, street, of	fice bldg., INJURY OC	CU R?	
U		(Hour) 21E.	INJURY OCCURRED	215 110111		
OF INJURY	(Month) (Doy) (Year)				DID INJURY OCCUR?	
(APPROX.)		Wor		e 🗌		
22. I certify	that (1) (this haspital) ottended tl	he deceosed from	7.1	24 1954 to	Jan-19 1970
	lost sow the deceose		2WY-19	for 1	,	9
						opinion deoth occurred on the de
		ed obove. (I) (We) (did) (did not) v	lew the body ofter	deoth.	
23A. SIGNATU	1 -	1		-1:		238. DATE SIGNED
	4 Daw 8	wess	OEGREE Phys	nding Med. Directo	or Staff Phys.	Jun. 20, 1970
23C. PHYSICIA	N° S			23D. ADDRESS	6020 D-1-i-	D-od
1	Dr. Adam	G. 5W			6232 Belair	Road
	MATION, 248. DATE	24C. NA	AME of CEMETERY OF CRE	MATORY	24D. LOCATION	(City, town, or county) (State)
REMOVAL (S						
Buria			Itimore Cem		Baltimor	e, Md.
IOM, DATE REC'D	BY HEALTH DEPT.	25B. NAME	KEGISIKAK	Schrimum	ek Funeral F	Home, Inc.
JAN	23 1970 06	Feb E. J	aber M.D.	0 3/331/	Brehms Lane	
/S 150-REV. 1/1/6	5 B			7		



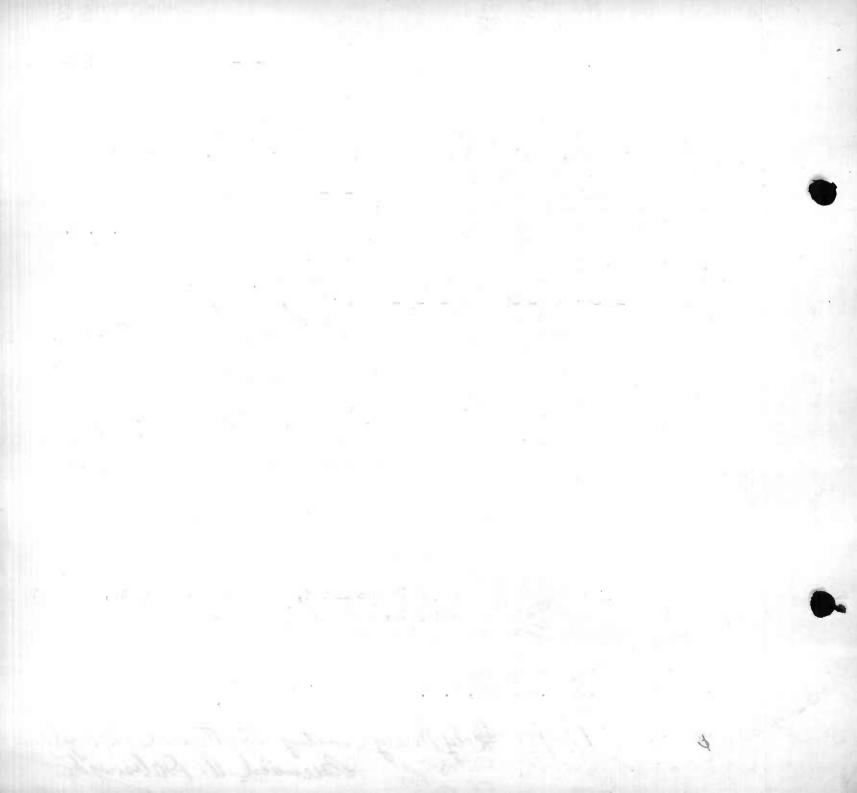
2. DATE AND HOUR OF DEATH 1-20-70 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) YES X NO ST. 9. AGE (In years If Under 1 Yr. If Un Months Doys Hours If Under 24 His. 12. CITIZEN OF WHAT COUNTRY? U.S.A Rose Musuman ADDRESS Shirley Naish, neice, 3504 Richmond Av ETWEEN ONSET AND DEATH CARCINONA OFTIT YEAR 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimare City, give exact lacation) -20-1970 and that In(my) (aur) apinian death accurred an the date 23 B. DATE SIGNED deceased (City, town, or county) (Stote) Baltimore, Md. 25C. FUNERAL DIRECTOR
SCHIMUNES, Funeral Home,
3331 Brehms Lane Was VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

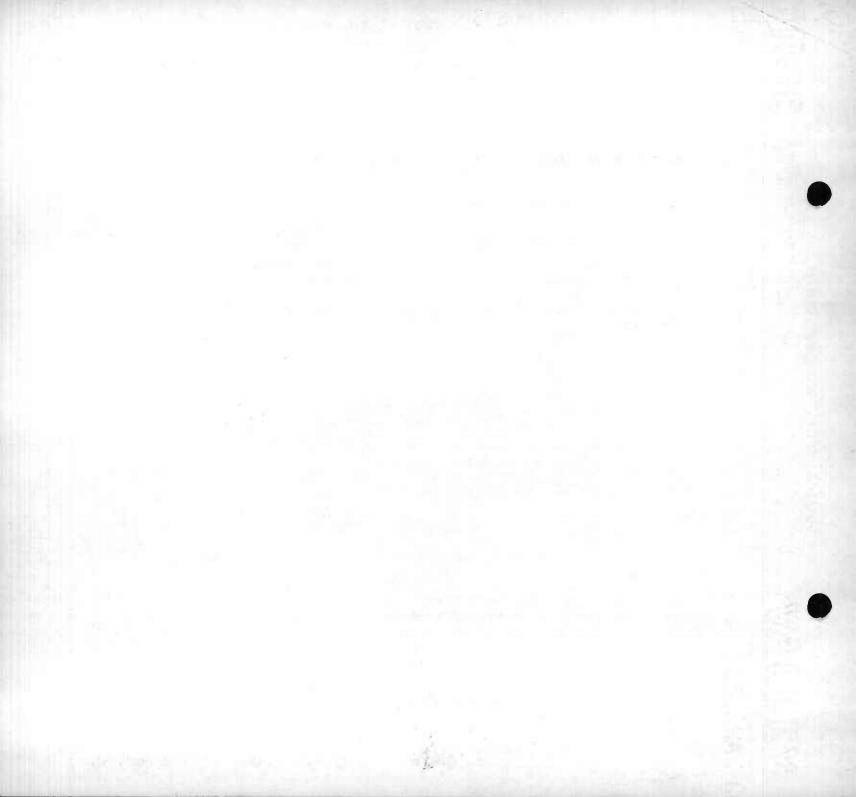


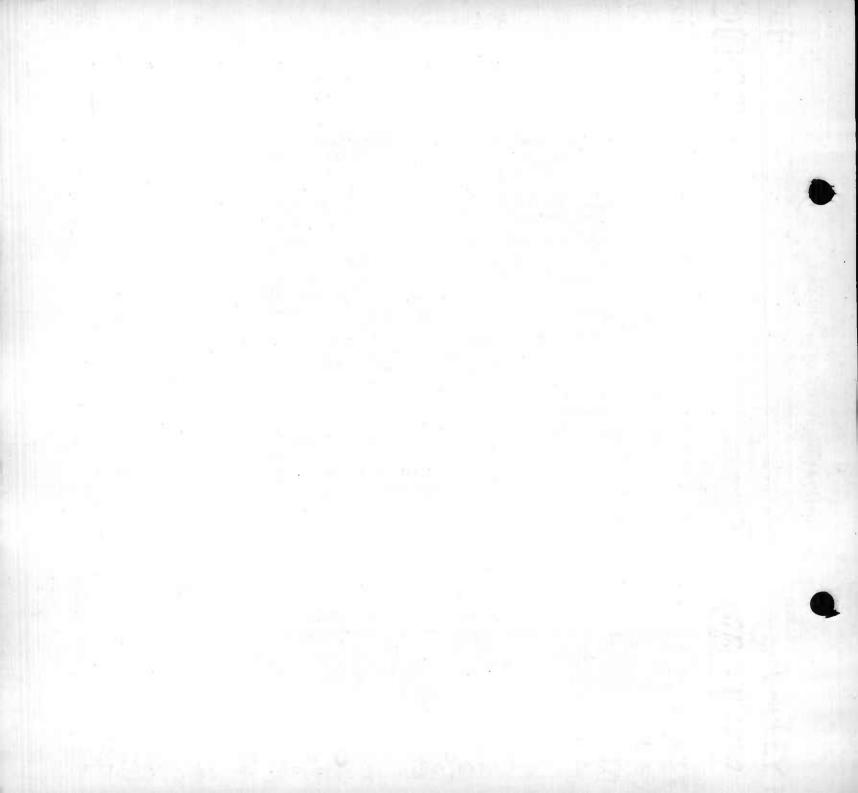


VS 150-REV, 1/1/68



VS 150-REV. 1/1/6B





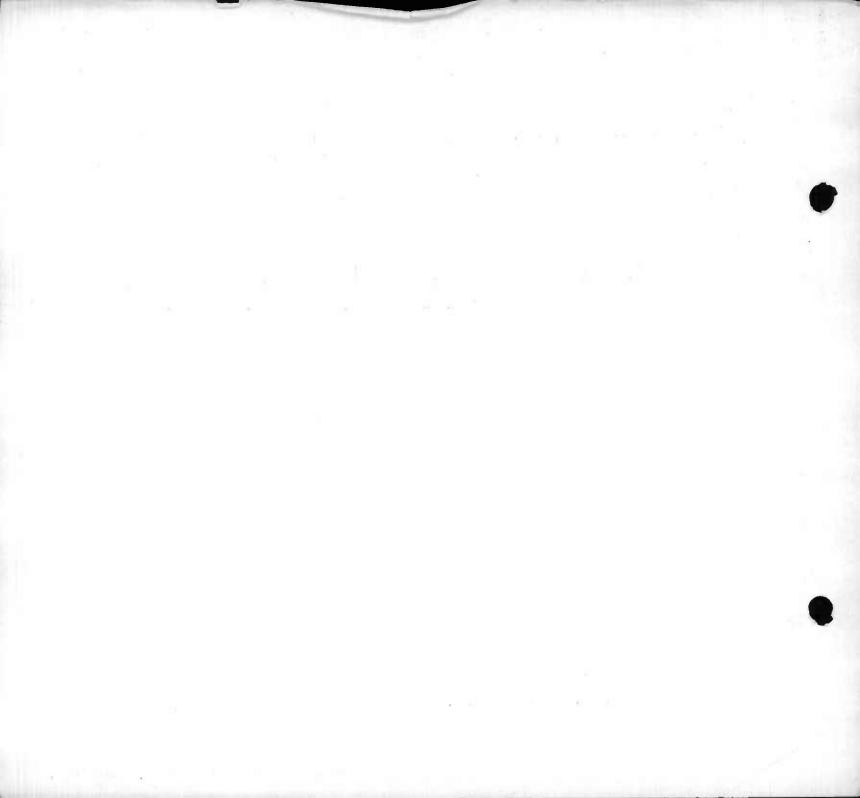
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		0805 5-03	MEL	ICAI		AMINER'S			OF	DEAT	H REG NO	70	00805
	NAME OF DE		396										
(Ту	pe or Print)			^			2. DATE OF	Known		Month	Doy	Yeor	Hnur
4.		CAROLYI			RONOI	INCED DEAD	DEATH 3. DATE	Estimate	٠ ـــ	1	19	70	8:45 а м.
FU	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET							UNCED DEA	ND ,	Month	Doy 1.0	Yeor	Hour
OF	SPITAL	ADDI	RESS OR LOCA	IION)			5 USUAL P	ESIDENCE		anuary		1970	8:45 ZM.
			ings Cou	ırt			A. STATE	Maryla		1	B. COUNTY	n: residence	7-02
6.	SEX	7. RACE		8. MARI	RIED _	NEVER MARRIED	C. CITY OR	TOWN			D. INSIDE C	ITY LIMITS?	
	emale	Negr	00	WIDOV	WED 🗌	DIVORCED [В	alto.			Y	ES 🖺	NO 🗆
	arch 8,		10. AGE (In lost birthday		If Und Months	er I Yr. II Under 24 Hrs. 12 Doys Hours Min.	E. STREET A	3 Cumm		Count			
11.	BIRTHPLACE (State or fore			12. CI	IZEN OF	13. FATHER		ings	Court	-		
	altimore				Wi	HAT COUNTRY?		ses St	rong				
144	USUAL OCCL	JPATION (GI	ive kind of work	48. KIND	OF BL	SINESS OR INDUSTRY							
gon	e during most of	working life, e	ven irretired)				Alice	e Hende	erso	n			
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	5? 1	7. SOCIAL	18. INFORA				A	DDRESS	
(1e	s, no or unknown	(If yes, give	wor or doles	ol service)	SECURITY NO.	Alice	e H. Si	Fron	a - 43	3 Cummi	nac Co	1111
	19.	44.				CAUSE OF DEA				9 - 10	5 Canini	Al	PROXIMATE INTERVAL
	DICEAC	F 00 001										BETV	VEEN ONSET AND DEATH
		LEADING T	DITION DIREC	TLY			A		7	and to the	1 1.		
	(This does o	not mean the	made of dut	ng, e.g.,		(A) IMMEDIATE C			urul	ent tr	acheobi	conchi	T1S
	Injury or cor	n, osthenia, et implication wh	c. It meons the	diseose, th.)		20210,000		oriver or.					
		NTECEDENT		CIVILLO		(B) DUE TO, OR	AS A CONSEC	WENCE OF					
	RISE TO THE	E ABOVE CA	IONS, IF ANY,	ING THE		DUE 10, OK	NO A CONSEC	VUENCE OF:					
Z	ONDEXTI	NG CONDI	HON LAST.			(c)							
Ĕ			11										
CERTIFICATION	TO THE DEA	ATH BUT NO	NDITIONS CO	HE TERM	INAL	Peych	omotor	retard	atio	m		14	
E			GIVEN IN PA						atio	11	***************************************		
CER	ZVA. DAIE O	POPERATIO	IN 200. CON	DIIION	FOR W	HICH OPERATION WA	S PERFORM	ED				-	PSY? (Yes or No)
	22A. FXTER		1000										YES
MEDICAL	UNDERLYING		ITRIB-		home, f	ACE OF INJURY (e.g., orm, loctory, street, office	bldg., etc.)	JURY OCC	DID (If	in Boltimore	City, give exa	et locotion)	
ME	UTING CA		ATH. Day) (Year)	(Hou	1 225	INTERNATION OF CHARES		or House	D 14111	IDV - 0011			
	OF INJURY	(()	ouy) (rear)	(nout		LEAT NOT	WHILE -	2F. HOW DI	זנאו טו	JRY OCCU	K?		
	(APPROX.)				m. WO	RK L AT W							
		ify that I b	eld on In	quiry [7 1	nspection Aut	opsyXX	and that	on thi	e haele -	loosh to my		
								-			leath in my		
resulted from: Notural couses XX Accident Suicide								micide			ed monner	_	
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER											=		DATE SIGNED
	EXAMINI NAME (T	11	aidono	Mila	1 -1-2	- W D	ASSO	CIATE MEDI	CAL EX	AMINER		/===	
24/	A. BURIAL CREA	MATION.	sidore 248. DATE	MILNA	24C.	S M.D.	CREMATO	RY I	24D 10	CATION	1/20)/70 , or county)	(54-4-)
RE	MOVAL (Speci	fy)											(Stote)
-	Burial	BY HEALTH	1-22-70			It. Aururn					ore, Man		
23/	I M B	0 9 407	0 00		~ 0	F REGISTRAR	25C. F	UNERAL DI	RECTOR			DDRESS	
	JAN	20 19/1	U junge	1 4,	Jang	CHAM.D.	Cha	rles R	· La	w 802	Madiso	on Avei	nue
VS	151-REV. 1/1/68	3					1 0		6-0				

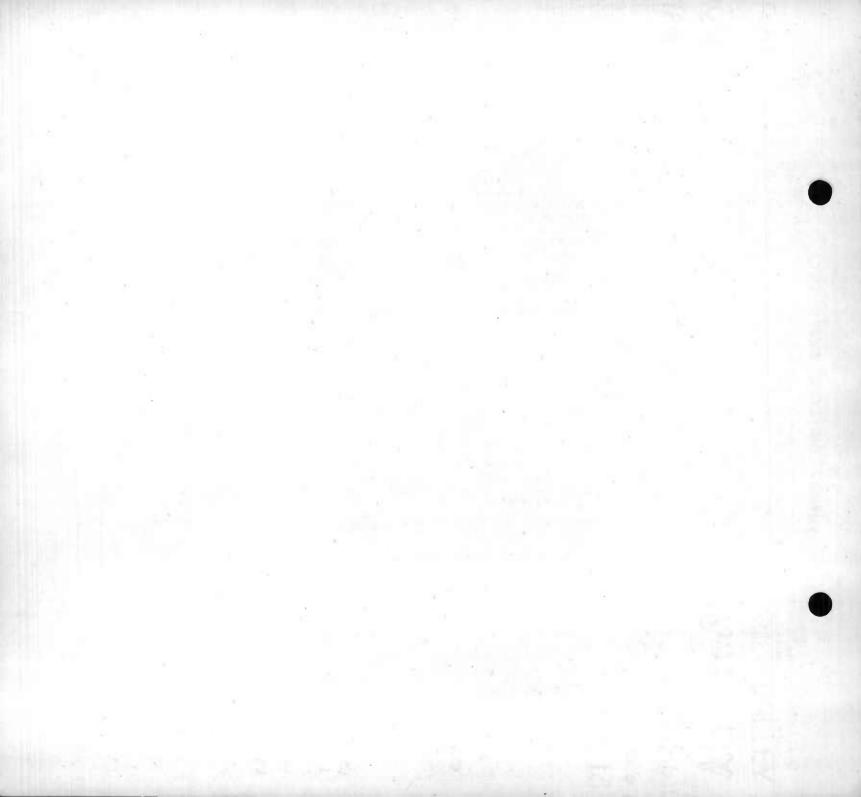
5-530

BIRTH NO. 10806 MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH REG. NO. 10806						
1. NAME OF DECEASED SUSAN (Type or Print) PAME LA: SENNETT	2. DATE Known Month Doy Yeor Hour OF DEATH Estimoted M.						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Doy Year Hour						
JOHNS HOPKINS HOSPITAL	A. STATE Maryland B. COUNTY 26-43						
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVOR	m Raltimore #						
9. DATE OF BIRTH SEPT IIth. 1948 ost birthdoy) 21 Months; Doys Hours	r 24 Hrs. E. STREET AND NUMBER						
BALTO Md. 12. CITIZEN OF WHATSONNING	73. FATHER'S NAME EDWARD BOVA						
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR IN done during mortal morking life, even if retired) LUNCH RES.	NDUSTRY 15. MOTHER'S MAIDEN NAME KATHEEEN FARLEY						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) (II yes, give wor or dotes of service) 17. SOCIAL SECURITY 1	NO. 18. INFORMANT ADDRESS MR CHARLES D. SENNETT 3910 ERIMAN AVE						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. it meens the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING	of DEATH ebral Anoxia complicating Asphyxia EDIATE CAUSE TO, OR AS A CONSEQUENCE OF: Carbon monoxide intoxication TO, OR AS A CONSEQUENCE OF:						
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)							
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERAT	TION WAS PERFORMED 21. AUTOPSY? (Yes or No)						
	yes IRY(e.g., in or obout 22C, WHERE DID (il in Boltimore City, give exact location) 1 6 5 4 Feet, office bldg., etc.) INJURY OCCUR? 5912 Pulaski Hwy.(Philip's 66 Gas Station) URRED 22F. HOW DID INJURY OCCUR? NOT WHILE AT WORK Found unconscious in auto						
certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED							
	METERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)						
BURIAL 215-52-2906 HOLY REDER	EMER BALTO. Md.						
25A. DATE REC'D BY HEATH DEPT. Les 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS 322 S. HIGH ST.						

STILL GOOD STATE HE SHE HAVE SATISFA HE AND AYON O SAME !- O PLOTED THE CHARLEST OF PERSONS AND PARTY AND THE . 52 . 30 . 30 . 10 TO BE SEE STATE OF THE SEE SEE



		1110000				711 11118119
BIRTH NO	/U	00808	CERTIFICA	TE OF DEATH	REG. NO	70 00808
	OF DECEASED	cile.		2. DATE AN	D HOUR OF DEATH	0 M.55 fo.
3. PLACE	IN BALTIMORE, MANUAND,		INCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If i	institution: residence before admissi
FULL NA HOSPITAL	OR ADDRESS OR LC	PITAL OR INSTITU	TION, GIVE STREET	C/M ()		SIDE CITY LIMITS?
461	LUTHER	AN HO	SPITAU	BALTIMOYE E. STREET AND NUMBER	ESBURY	YES NO
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 h Months: Doys Hours Min.
FEA	1ALE NEGro	WIDOWED[DIVORCED	5-29-05	64	
	L OCCUPATION (Give kind af v most af warking life, even if retire	d)	1 2	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUN
feli	MEMAKE	44/	time	m.D.	4.6	EV.SA.
1	USOPH HA			KILEN H	1,11	
	veceosed Ever in U. S. Armed unknown) (If yes, give wor or o	Forces? dotes of service)	SECURITY NO.	17. JHFORMANT	1/00015 2	903 PNOTES UN
NO 18.	13601		CAUSE OF DEAT		121000 7	APPROXIMATE INTERV
	ANTECEDENT CAUS		(a) CVA	wite 0-he	mibleai	^
UND OTHER TO THE	ASES OR CONDITIONS, to the obove cause (, ERLYING CONDITION lost, II R SIGNIFICANT CONDITIONS (4E DEATH BUT NOT RELATED II SE OR CONDITION GIVEN IN	A) stoting the CONTRIBUTING OTHE TERMINAL	(C)	with R-he s a consequence of:		
NO OTHER TO THE DISEA	In the obove cause (A ERLYING CONDITION lost.	A) stoting the CONTRIBUTING OTHE TERMINAL PART 1 (A).		20A. AUTOPSY? (Yes o No		FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFIC ATION OLY TO THE OLY TO	In the obove cause (A ERLYING CONDITION lost.	A) stoting the CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR VERFORMED	(C)WHICH OPERATION PLACE OF INJURY (e.g., o, form, foctory, sheet, c		20B. IF YES, WERE IN CERTIFYING CA	
AL CERTIFIC ATION OTHER TO THE T	The obove cause (A ERLYING CONDITION lost.	CONTRIBUTING OTHE TERMINAL PART 1 (A). ONDITION FOR VERFORMED 218, hometc.)	PLACE OF INJURY (e.g., o, form, foctory, sheet, o	in ar about 21C. WHERE DID affice bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
WEDICAL CRATER OF INC. A LANG. TO A LANG. TO A LANG. TO A LANG. THE LANG. TH	It a the obove cause (A ERLYING CONDITION lost. R SIGNIFICANT CONDITIONS (A EDEATH BUT NOT RELATED TO SEE OR CONDITION GIVEN IN 198. C WAS FACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (notify medical examiner) TIME (Month) (Day) (Yes JURY OX.) certify that (Y) (this hospically form of the causes of the causes of the causes of the causes of the causes of the causes of the causes of the causes of the causes of the causes of the causes of the causes of the causes of the causes of the causes of the causes of the cause	CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR VERFORMED COT) (Hour) 21 E. Whi word ital) attended the assed alive on	VHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, steet, c INJURY OCCURRED Ille At Not White At Work The deceased fram (= 2, 2) (We) (did) (did nat)	20A. AUTOPSY? (Yes o New Jones of New Jones	URY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? are City, give exact location)
WEDICATION OTHER TO THE T	The obove cause (A ERLYING CONDITION lost, II R SIGNIFICANT CONDITION Ost, RE DEATH BUT NOT RELATED TO SEE OR CONDITION (GVEN IN) DATE OF OPERATION 198. C WAS for the condition of the c	CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR V PERFORMED 3 18. hom etc.) on) (Hour) 21 E. Whi word ital) attended the assed alive on	VHICH OPERATION PLACE OF INJURY (e.g., of form, foctory, sheet, of the form) INJURY OCCURRED Not White At Work At Work The deceosed fram (-2, 2) (We) (did) (did hat) DEGREE At M. D. DEGREE	20A. AUTOPSY? (Yes o Notifice bidg., INJURY OCCUR? 21F. HOW DID INJ 1 - 1 0. 19 7 0 and the view the body after death. Pending Med. Director 23D. ADDRESS L. W.L 73 U ASLIBIN	URY OCCUR? 19 7 to 1 at In (my) (gut) ap Staff Phys. 14	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location of the control
WEDICATION OTHER TO THE T	The obove cause (A ERLYING CONDITION lost, II R SIGNIFICANT CONDITION Ost, RE DEATH BUT NOT RELATED TO SEE OR CONDITION (IVEN IN) DATE OF OPERATION 198. CWAS for continuous (IVEN IN) A CCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (notify medicol exominer) TIME (Month) (Doy) (Yes)	CONTRIBUTING O THE TERMINAL PART 1 (A). ONDITION FOR V PERFORMED 3 18. hom etc.) on) (Hour) 21 E. Whi word ital) attended the assed alive on	VHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, c., form	20A. AUTOPSY? (Yes o Notifice bidg., INJURY OCCUR? 21F. HOW DID INJ 1 - 1 0. 19 7 0 and the view the body after death. Pending Med. Director 23D. ADDRESS L. W.L 73 U ASLIBIN	20B. IF YES, WERE IN CERTIFYING CATION (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location) 2 2 • 19 7 Pinlan death accurred an the



			HEALTH DEPARTMENT		30.0000
RI	70 0080	9 CERTIFICA	TE OF DEATH	REG. NO.	70 00809
(1)	NAME OF DECEASED upe or Print) William Wa.	shington	2. DATE AL	0/70 11 p	5- m M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONO UN CÉD DEAD	A. STATE B. COU	re decoesed lived. If ins	tilution: residence befere admission)
III H	JLL NAME OF OSPITAL OR ADDRESS OR LOCATION		Mary lane		DE CITY LIMITS?
	South Baltimore	General Hospita	E. STREET AND NUMBER	2	YES NO
	43		1107 Le	ad enhall	15+
11	4	RRIED NEVER MARRIED DIVORCED DIVORCED	6. DATE OF BIRTH	9. AGE (In yeers lest birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Heurs Min.
do	N. USUAL OCCUPATION (Give kind of work 108, KIP the during most of working life, even if refired)	ON BUSINESS OR INDUSTRY	11. BIRTHPLACE (Steto or fero		12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	William WASNI	NGTON	manu		
15. (Ye	Was Decessed Ever in U. S. Armed Forces? s,ne er unmewni (If yes, give wer or deles ef ser	SECURITY NO.	CONA WASH	INSTON 11	UT SOPENHALL
	LEADING TO DEATH (This does not meen the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION lost.	e.g., DUE TO, OR AS diving	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	puality and ie Ceirtray i	dem YRS
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	*****************************		***************************************
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yos er No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicel exemine)	21B. PLACE OF INJURY (e.g., in hemo, form, foctory, street, of etc.)	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(II In Boltimore	City, give exoct locotion)
MEDI	21D. TIME (Month) (Doy) (Yeer) (Heur) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Work At Work	21F. HOW DID INJ	URY OCCUR?	
	22. 1 certify that (1) (this hospital) attend			19 67 to	1-13 19 / [
	that (I) (we) last saw the deceased alive and hour and from the causes stated above		19and th	ot in (my) (our) apini	on death occurred on the date
	23A, SIGNATURE Would M. 1	/	nding Med.	Shaff Phys.	23R DATE SIGNED / - 2 2 - 7 0
	23C. PHYSICIAN'S NAME (Type) OCNACD M.	WOOD	South BAC	10. Gen.	
244	BURIAL CREMATION, 248. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	, fown, er county) (State)

25C. FUNERAL DIRECTOR

ADDRESS

E. Failer, MD.

HEALTH DEPT.

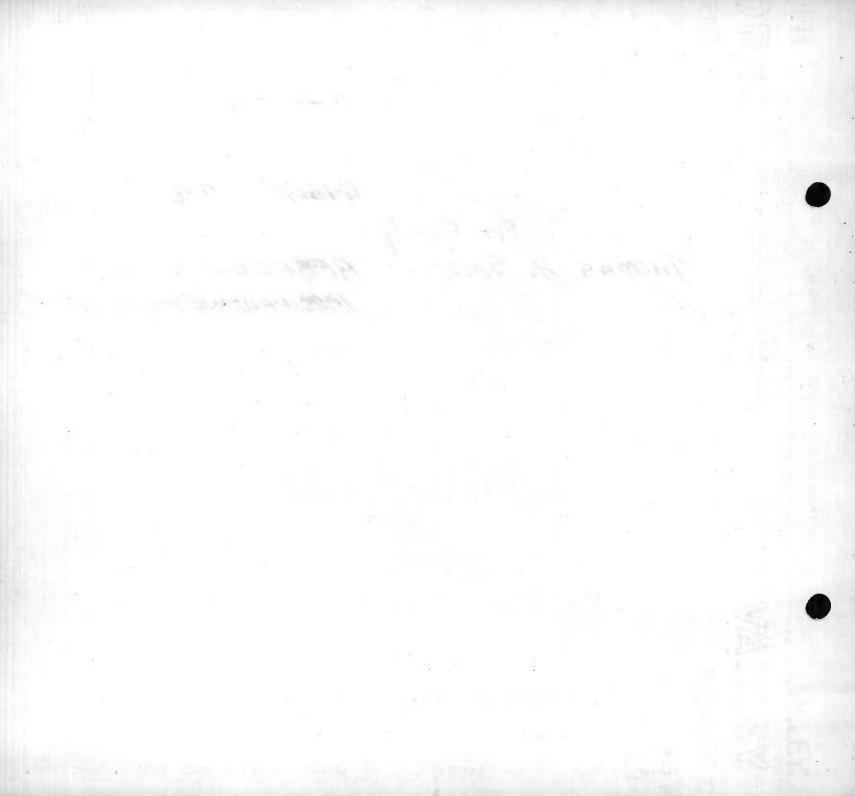
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JAN 23 VS 150-REV. 1/1/68

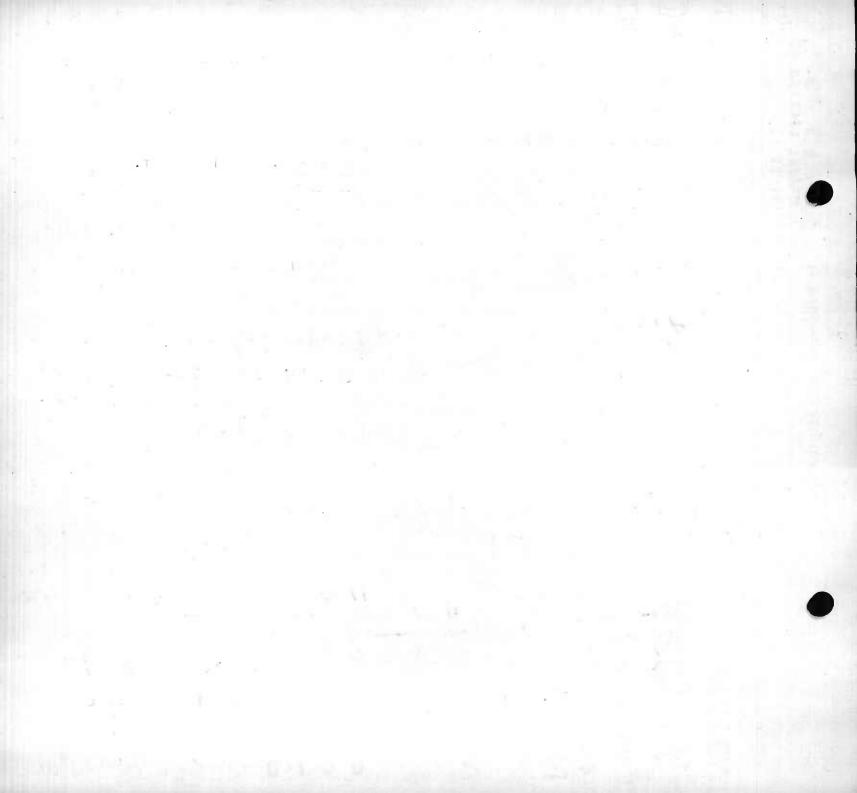


	BALTIMORI	E CITY HEALTH DEPARTMENT	28
	70 00810 CERTIF	ICATE OF DEATH REG. NO.	0.00810
	NAME OF DECEASED UPO OF PRINT) MARY TONES	JAW 17, 1930	.7:12
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It institution	12:15 PA
H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION)	MARYLAND	15/3
"		BALTIMORE D. INSIDE CIT	
	3 3 JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER	М ПО
		2522 QUANTICO AVE	
5. :	SEX 6. RACE 7. MARRIED NEVER MARRIE	B. DATE OF BIRTH 9. AGE (In years If U lost birthday) Mont	nder 1 Yr. , II Under 24 Hrs.
	FEMALE NEGRO WIDOWED DIVORCE	D 1 01/29/28 41 '	hs Days Haurs Min.
don	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND no during most of working life, even it retired) Housewife Home		CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
0	OSEVELT BOONE	Willie Lee Brock	
15.	Was Deceased Ever in U. S. Armed Forcas? s,no or unknown) [(It yes, give wer or dates at service) SECURITY NO.	17. INFORMANT	ADDRESS
N		Mrs. Willie Lee Boone 2522 Q	
	IB. L. Q. I. Y. CAUSE OF I		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	1 0	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	RECAUSE ARMITE RSSPIRATORY FAILURS	24 hours
	heart failure, asthenia, etc. It means the disease,	OR AS A CONSEQUENCE OF:	
	injury or complication which caused death.)		
	ANTECEDENT CAUSES	DR AS A CONSEQUENCE OF:	15 years
	DISEASES OR CONDITIONS, if any, giving nise to the obave cause (A) stoting the	OR AS A CONSEQUENCE OF:	
	UNDERLYING CONDITION last. (C)	HRONIC BRONCHITIS	LO years
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION		
5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),	YPERTENSION	10 years
CERTIFICATION	19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDING IN CERTIFYING CAUSES O	BS CONSIDERED
EX	WAS PERFORMED		F DEATH?
ا ب	21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY home, form, foctory, strootc.)	(e.g., in or obout 21°C, WHERE DID (II In Boltimoro City, a set, office bidg., INJURY OCCUR?	give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	(APPROX.) While At Not Work At	While .	
	22. I certify that (1) (this hospital) attended the deceased fram.	JAN. 14 19 70 to I ANO, 1	7 1970
	that (1) (Ne) last saw the deceased alive on JAN. 17	19 70 and that in(my) (abd apinion de	
	and have and from the causes stated above. (1) (We) (1) (1)	(et) view the bady after death	on the date
	23A, SIGNATURE		ATE SIGNED
	Section. Activity DEGREE	Attending Med. Sheff Phys. Director Phys.	men 17, 1970
	23C. PHYSICIAN'S NAME (Type)	23 D. ADDRESS	1,000
	Slephen C. Hehutt &	Johns Hanking As	outal
24A.		CREMATORY 24D. LOCATION (City, town,	
-	Surial 1-22-70 Mt Aubumen		Md
25A	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	JAN 23 1970 Pole E. Jaben 1. 2.	Wutter Funeral Home 3035 W.	North Avenue
\$ 1	150-REV. 1/1/68		









IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 00814 REG. NO. 71 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Whele decoosed lived. If institution: residence before admission)
A. STATE
B. COUNTY Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C. CITY OR TOWN D. INSIDE CITY LIMITS Hopkins Baltimore YES X NO E. STREET AND NUMBER 909 N. Caroline Street 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Ye. Hours Min. -Negro 10/02/00 WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) susum 4. MOTHER'S MAIDEN NAME Victoria Baker 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) DEATH (notify medical examined) (Month) (Doy) (Yearl 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At 22. I certify that (1) (this hospital) attended the deceased from

(we) last saw the deceased alive an and that In (my) (aur) apinion death accurred on the date and have and from the causes stated above ((1) (We) (did) (did not) view the body after death. 23B, DATE SIGNED Attending Med. Director Phys. OEGREE 23D, ADDRESS The Johns Hopkins Hospital OEGREE 24C, NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)

> 258 NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS



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written Was

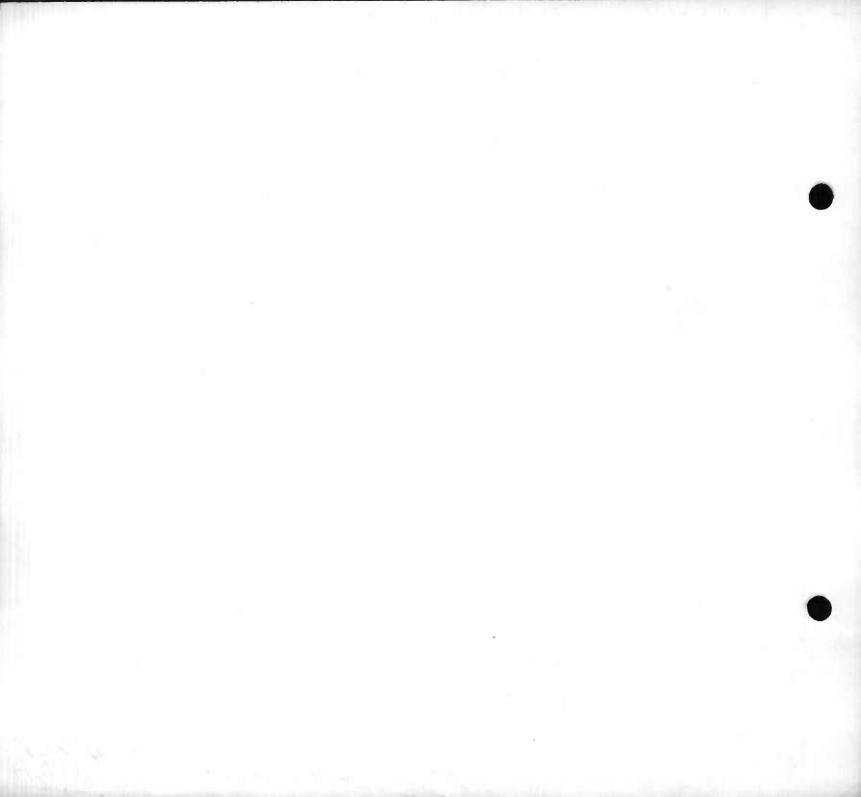
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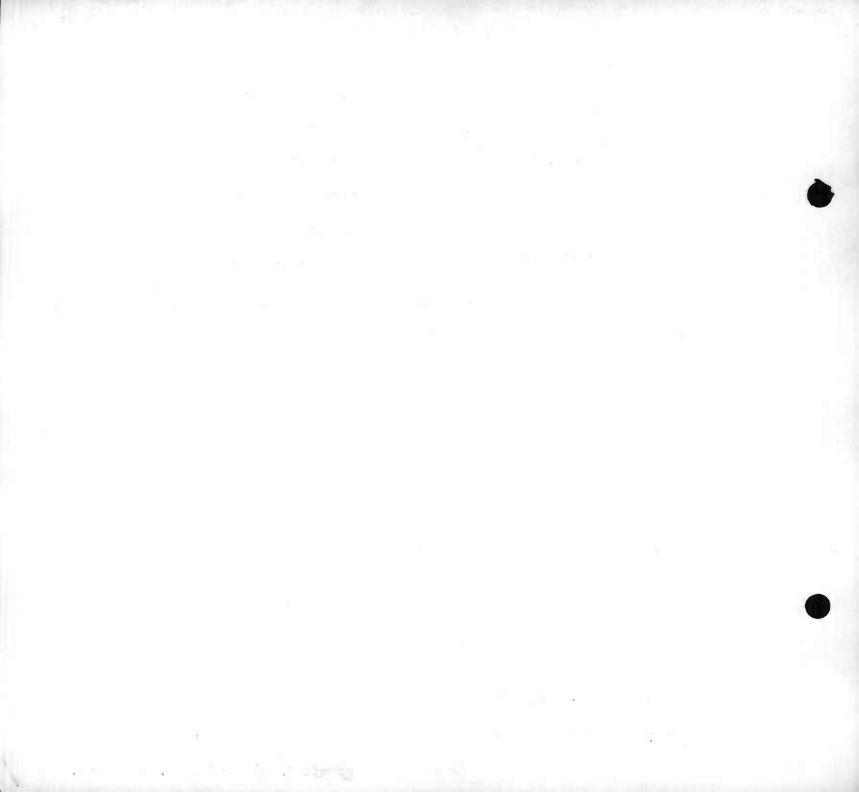
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of death Deceased

E O death.

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C-462

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MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	1
	OBILLIA ICALE OF	עבר און	

BIRTH NC.	mor.	MED	ICA	L E	KAM	INER'S	CE	RTIF	ICA1	TE OF	DE	ATH	REG. N	10	10	008	1.7
1. NAME OF DEC	J	ESSE	CLAF				2.	DATE OF DEATH		own Ki	Mont Ja		ry 17	,]	Year L970	Hour	
4. PLACE IN BAL							3.	DATE			Mont		Doy		Year	Hour	М.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT	SS OR LOCA	LORINS	STITUTIO	ON, GIVE	STREET	PRONOUNCED DEAD January 17, 1970 4:50 P.								P. M.		
St	. Agnes	Hosp:	ital			(DOA)	5. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) A. STATE Maryland B. COUNTY HOLIADD										
6. SEX	7. RACE		8. MARI	RIED	NEVE	R MARRIED											
Male	Negr		WIDOV			DIVORCED	C. CITY OR TOWN EIKridge RALLINGER YES NO										
9. DATE OF BIRT	Н	los AGE (In		If Un Month	der 1 Yr.	Il Under 24 Hrs Hours Min.	E.	STREET	AND N	UMBER							
5-5-31		3,8								790 Ra	ace R	oad					
Maryland	or loreign	n country)			HAT CO		13.		R'S NAN	ME C. Cl	ark.	Sr.					
14A.USUAL OCCU	PATION (Give	kind of work	4B. KINE	OF B	USINESS	OR INDUSTR	Y 15.	MOTH	ER'S MA	IDEN NA	ME	01.6					
Drick M	ason	and the same					1 5	Sarah	F.	Willi	e						
16. WAS DECEAS	ED EVER IN L	J.S. ARMED	FORCES	5?	17. SOC	IAL URITY NO.	18.	INFOR	MANT		1.00			ADD	PRESS		
Yes		ean Wa			216	-28-915		Mrs.	Sar	ah F.	Clar	ck	5790	Ra	ce Ro	ad	
19,	9.1				C	AUSE OF DEA	HTA									PROXIMATE IN	
	E OR CONDI		TLY														
(This does no	LEADING TO	node of dul	ng. e.g.,		(A) IMMEDIATE					icie	ncy				**********	
heort foilure, injury or com	osthenia, etc.	It means the	disease,			DUE TO, OR	A\$ A	CONSE	QUENCE	OF:							
DISEASES	NIECEDENT C	NS. IF ANY	GIVING		(DUE TO, OR	AS A	CONSE	OUENCE	E OF:							
- I DINDEXTIIN	R CONDITION ABOVE CAUSE	SE (A) STAT	NG THE				-		.0001101	01.							
<u> </u>					(c)											
UI TO THE DEA	I IFICANT CONI ITH BUT NOT R CONDITION C	RELATED TO 1	HE TERM	INIAL													
20A. DATE OF	OPERATION .	208. CON	DITION	FOR V	VHICH O	PERATION W	AS P	ERFORM	MED					12	I. AUTOI	PSY? (Yes o	r No)
20															No.		
UNDERIVING	VAL CAUSE W			228. PL	ACE OF	INJURY (e.g.,	In or	about	22C. WH	ERE DID	(II In Balti	more C	City, give	exoct			
B UTING □ CAL	USE OF DEAT	н.		monne,	rutini, toci	ory, sireer, once	e big	g., etc.) i	NOURT	OCCUR?							
22D. TIME (OF INJURY (APPROX.)	Month) (Do	y) (Year)	(Hou	WF	ELINJURY		WHIL		22F. HO	W DID IN	JURY O	CCUR?					
23.				_		-	/ORK						Ta.				
	fy that I hel	11	quiry L		Inspect			у		that on t					Inion		
result	ed from: Na	tural caus	es X	Ac	cident L	Sulcio	le L] H	omicide		Undeter			r 🗌			
ACTUAL	()	1 /hr	1/1	1/1	1	V				MEDICAL I						DATE SIGN	IED
SIGNATU		7710	Va.	10	KA	7M.D		ASSI	STANT	MEDICAL	EXAMINE	R \[\sum_					
NAME (T)		sidore	e Mih	ala	kis,	M.D.		ASSC	CIATE N	MEDICAL E	EXAMINE	R L		Jan	uary	18, 1	970
24A. BURIAL CREM REMOVAL (Specific		8. DATE		24C.	NAME	of CEMETERY	or C	REMATO	DRY	24D.	LOCATIO	N	(City, ta	wn, o	r county)	(Stot	e)
Burial		1-22-				imore N	ati	ional	Cem	. B	altin	nore	,		Md		
25A. DATE REC'D I			1		F REGIS					L DIRECTO				ADD	RESS		
JF	IN 23 1	9/0	Certo	En	Ja Be	USALD.	0	Nut	ter	Funer	al Ho	ome	3035	5 W	e Nor	th Ave	enue
/S 151-REV. 1/1/68					-				7,	-							

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F-630	BIRTH NC.		MEDICAL		EALTH DEPARTMENT CERTIFICATE O	F DEATH	REG, NO.	70 00818			
	1. NAME OF DEC		UIS CALV	ERT FORD	2. DATE Known Signature OF DEATH Estimoted [Month Januar		(eor Hnur			
46	4. PLACE IN BAI FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HI ADDRESS OR	OSPITAL OR INS	RONOUNCED DEAD TITUTION, GIVE STREET	3. DATE PRONOUNCED DEAD 5. USUAL RESIDENCE (WI	1:45 A.M.					
-99	6. SEX	Lutheran			Maryland	Maryland C. CITY OR TOWN B. COUNTY D. INSIDE CITY LIN					
1	Male	Negro	WIDOV	RIED NEVER MARRIED			YES YES				
	9. DATE OF BIRT		GE (in years irthdoy) 35	If Under 1 Yr. II Under 24 Hrs Months Doys Hours Min	E. STREET AND NUMBER	Mosher S		NO L			
	Mary	itate or foreign cour /land		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Chester For	rd					
	done during most of v	vorking life, even lire	Boo	ok Company		15. MOTHER'S MAIDEN NAME Louise Williamson					
	16. WAS DECEAS (Yes, no or unknown) Yes	Mosher S	er Street								
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart loilure, esthenic, etc. in means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (A) IMMEDIATE CAUSE Multiple injuries DUE TO, OR AS A CONSEQUENCE OF:										
	DISEASES OF RISE TO THE UNDERLYIN										
	OTHER SIGN TO THE DEA DISEASE OR	121	AUTOPSY? (Yes or No)								
	0	NAL CAUSE WAS				•.		No			
	UNDERLYING	OR CONTRIB- USE OF DEATH.	(Year) (Hou	street		dale Rd.	S. of El	licott Drive			
	OF INJURY (APPROX.)	1-17-70			r wulle			k a parked			
	ACTUAL SIGNATU EXAMIN NAME (T	ER'S Iside	Religion Miha	Accident Suici	de Homicide CHEF MEDICA CHIEF MEDICA ASSISTANT MEDICA ASSOCIATE MEDICA	Undetermine L EXAMINER L EXAMINER L EXAMINER	3				
	24A. BURIAL CREA REMOVAL (Special Burial	(y)	22-70	Carver Memor		Laurelore	(City, town, or co	ounty) (State)			
		BY HEALTH DEPT.		AME OF REGISTRAR	Nutter Fu		ADDRES	North Ave.			

A-636

BI	7() 1)	0819	MED	ICAL		AMINER'S			OF	DEATH	REG. NO.	-7	0 0	081.9
	NAME OF DE	CEASED	WILLIA	M ART	HUR		2. DATE OF	Known		Month Januar	Doy 17.	19 7 0		
FU	PLACE IN BAI LL NAME OF SPITAL INSTITUTION	(IF N		L OR INS		UNCED DEAD N, GIVE STREET		OUNCED DE	AD	Month Januar	Day	Ye 1970	10	0:00 A.M.
	1275	1601 P	ark Ave	nue			A. STATE	RESIDENCE Mary			d. If institution	n: reside	nce before	admission)
6.	SEX	7. RACE		B. MARR	IEDX	NEVER MARRIED	C. CITY O				D. INSIDE C	ITY LIMI	ITS?	
N	[ale	Neg	ro	WIDOV				Balt	imore	e	Y	ES X	NO	
9.	5-27-96		10. AGE (In lost birthda			er 1 Yr. II Under 24 Hrs. s. Days Haurs Min.	E. STREET	AND NUM		arrollt	on Ave		110	
11.	BIRTHPLACE (S	larylar				HAT COUNTRY?	13. FATHE	R'S NAME	11. 00	2110110	.011 1140	IIde		Harry.
dar		PATION (G	ive kind of wark even If retired)			JSINESS OR INDUSTRY			N NAM	ιĒ				
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	? 11	7. SOCIAL	18. INFOR				A	DDRESS		
(Te	s, no ar unknown) NO	(It yes, give	wor or dates	of service)	216-03-8288	A Mrs	s. Lill	ly E.	Arthu				llton Av
	19.	2.21				CAUSE OF DEAT	ТН						APPROXI	MATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., (A) IMMEDIATE CA									rdiov		c ir dise	ase	BEIWEEN	NOET AND DEATH
NOIL	AI DISEASES (RISE TO THE	NTECEDEN OR CONDITE E ABOVE C	tc. It means the hich coused dea T CAUSES TIONS, IF ANY AUSE (A) STAT TION LAST.	dh.)		(B) DUE TO, OR /	AS A CONSE	EQUENCE O	F:					
CERTIFICATION	TO THE DEA	CONDITIO	ONDITIONS CO OT RELATED TO N GIVEN IN PA	THE TERM	NAL	977 Ng 0 www.managangangangangangangangangangangangang								
	20A. DATE OF	OPERATIC	ON 20B. CON	IDITION	FOR W	HICH OPERATION WA	S PERFOR	MED					VTOPSY? Yes	(Yes or No)
EDICAL	22A. EXTERI UNDERLYING UTING CA		VTRIB-		22B. PL. hame, f	ACE OF INJURY (e.g., arm, loctory, street, altice	n or obout bldg., etc.)	22C. WHERI	E DID (IF	In Boltimore	City, give exo	1		
Σ	OF INJURY (APPROX.)		(Day) (Year			ILEAT NOT	WHILE -	22F. HOW [ונאו סוכ	URY OCCUR	?			
		JRE	held on Ir Notwoledys Sidore	es X	Acc	nspection Aut Suicide M.D.	ASSA	OMICIDO CHIEF MED	U DICAL EX	ndetermine	7			SIGNED
RE	A. BURIAL CREA MOVAL (Specification)		24B. DATE)		NAME of CEMETERY of				ocation altimor	(City, town	, or cou		(Stote)
-	A. DATE REC'D	BY HEALTH				F REGISTRAR		FUNERAL D				DDDSSS		IU.
	JAI	V 23 1	970	Jus E	. 30	Ber M.D.		Itekan 1			A 200	DDRESS		

51	70 00820		HEALTH DEPARTMEN		70 110820		
BIRTH NO. 1. NAME OF DECEASED (Type or Print) & & U / S 3. PLACE IN BALTIMORE,	70 00020	CERTIFICA	TE OF DEATI				
(Type or Print) LBUIS		JOHNSON	-	-18-70	820 AM		
3. PLACE IN BALTIMORE,	MARYLAND, WHERE PRONOL	JNCED DEAD		Where deceased lived, tf	institution: residence before admission)		
FULL NAME OF HOSPITAL OR AD INSTITUTION (IF	NOT IN HOSPITAL OR INSTITU DRESS OR LOCATION)	SPITAL	C. CITY OR TOWN BALTIME E. STREET AND NUMBER	D. IN	ISIDE CITY LIMITS? YES NO		
70			3108	BARCLAY	4. 21218		
5. SEX 6. RACE	7. MARRIED [WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2-18-85	9. AGE (In years tost birthdoy)	It Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
tOA, USUAL OCCUPATION done during most of working li	(Give kind of work 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
, ,	crowN			unknou			
(Yes, no or unknown) (If yes,	U. S. Armed Forces? give wor or dotes of service)	16. SOCIAL SECURITY NO. 212-05-4631	WIFE - W	AKY JOHNISO	ADDRESS N · SAME		
1B. / /)	1	CAUSE OF DEAT			APPROXIMATE INTERVAL		
DISEASES OR CON- tise to the abave UNDERLYING COND OTHER SIGNIFICANT CO TO THE DEATH BUT N	II ONDITIONS CONTRIBUTING OT RELATED TO THE TERMINAL		EPHCOMAC A CONSEQUENCE OF: US 10 M, ARTERIOS		DUASEULAR DISEASE		
	N GIVEN IN PART 1 (A). ION 19B. CONDITION FOR V WAS PERFORMED	VHICH OPERATION	20 A. AUTOPSY? (Yes	OT No.) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?		
21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medicat	UNDERLYING 21B. CAUSE OF hom exominer) etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, of	ar obout 21C. WHERE DI fice bldg., INJURY OCCU	D (If in Baltim	ore City, give exact location)		
		INJURY OCCURRED le At Not While At Work	21F. HOW DID INJURY OCCUR?				
that (I) (we) last so	(this hospital) ottended the work the deceased alive on	1-18		· ·	19 70 pinion death occurred on the dote		
23A. SIGNATURE	sents a. s	Mahan Atte	nding Med.	Shaff Phys.	23B. DATE SIGNED		
23C. PHYSICIAN'S NAME (Type)	NGELITA)	DEGREE	MARYCA	AID GEN.	HOSPITA C		
24A. BURIAL CREMATION REMOVAL (Specify) BUYLLAL	1/22/70 W	Lhutur Mes	navilvack	Or huters	City, town, or county) Mistory		
25A. DATE REC'D BY HEA			25C. FUNERAL DIREC	TOR P	ADDRESS		
S 150-REV. 1/1/6B	170 Police E Fait	Sev St.D.	1 Hoseph L	Kinss tune	af Home 2232IN Mor		



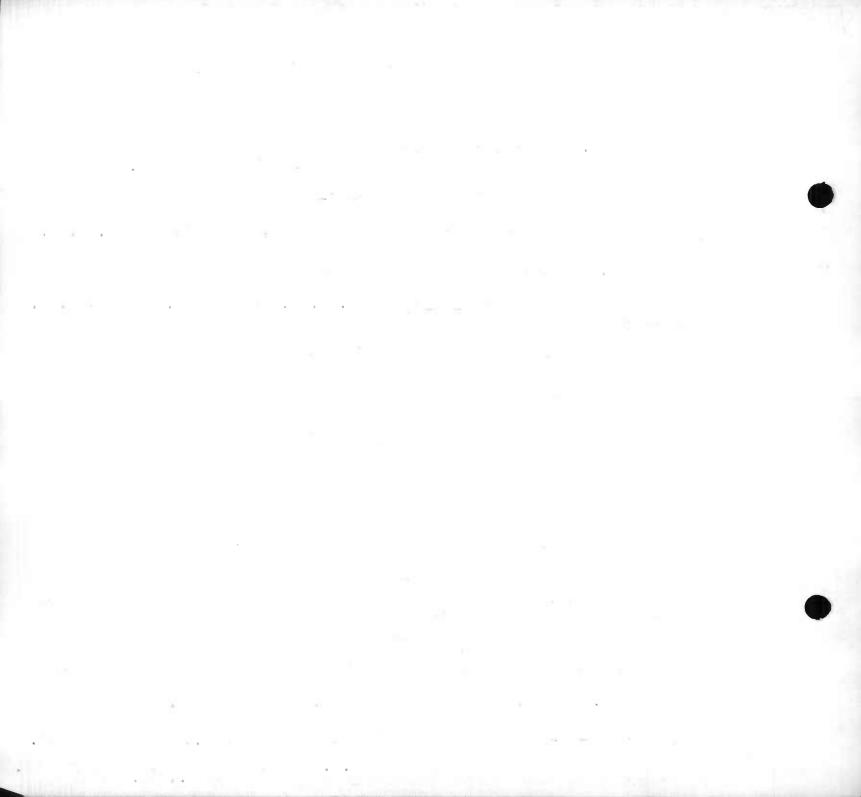
1										
			BALTIMORE CITY HE							
1-632 BIRTH NO	00821 MEDI	CAL E	XAMINER'S	CERTIFI	CATE OF	DEATH R	EG. NO	70	00821	
(Type or Pr	, KICHARD		ACT CALLS TO SERVED TO SER	2. DATE OF DEATH	Known X	Month January	15,	19 ^{Yeor}	Hour	
FULL NAME HOSPITAL	ADDRESS OR LOCATIO	OR INSTITUTI		3. DATE PRONO	UNCED DEAD	Month January	15,	1970	8:30 A.	
OR INSTITU	11 N. Schroder	Stree	t	A CTATE	ESIDENCE (Where Maryland		institution Y TMUC	: residence	before odmission)	
6. SEX	7. RACE 8	MARRIED	NEVER MARRIED	C, CITY OF	TOWN	D. II	NSIDE CI	TY LIMITS	?	
Male		WIDOWED [Baltimore		YE	s K	по 🗆	
P. DATE C	15, 1906 lost birthdoy) 88,3	3. Mont	hs, Doys, Hours, Min.	E. STREET	and Number 11 N. Schi	roder Str	eet		{	
1/3	attimare, m	d	THE COUNTRY?	13. FATHER	chard	Curt	(10)	- 1		
IAA.USUAI done during	OCCUPATION (Give kind of work 14) most of working life, even It retired)	B. KIND OF	BUSINESS OR INDUSTRY	RY 15. MOTHER'S MAIDEN NAME						
16. WAS D (Yes, no or u	ECEASED EVER IN U.S. ARMED F	ORCES?	17. SOCIAL SECURITY NO.	M. H	Gonard	Curtis	1021	Sa	iches 57	
19.	12,41		CAUSE OF DEA		o conditorr	1		BET	APPROXIMATE INTERVA	

VS 151-REV. 3/1/68

Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthento, etc. it means the disease, DUE TO, OR AS A CONSEQUENCE OF: infury or complication which coused death.) **ANTECEDENT CAUSES** (B)_______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION (20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (II in Boltimore City, give exact location) home, larm, factory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILEAT NOT WHILE (APPROX.) m. WORK AT WORK 23. I certify that I held an Inquiry Inspection Autopsy X ond that on this basis, death in my opinion resulted from: Natural couses Accident L Suicide * Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE **EXAMINER'S** Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER January 15, 1970 NAME (Type) 24A. BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (Stote REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 256, FUNERAL DIRECTOR ADDRESS

The state of the s

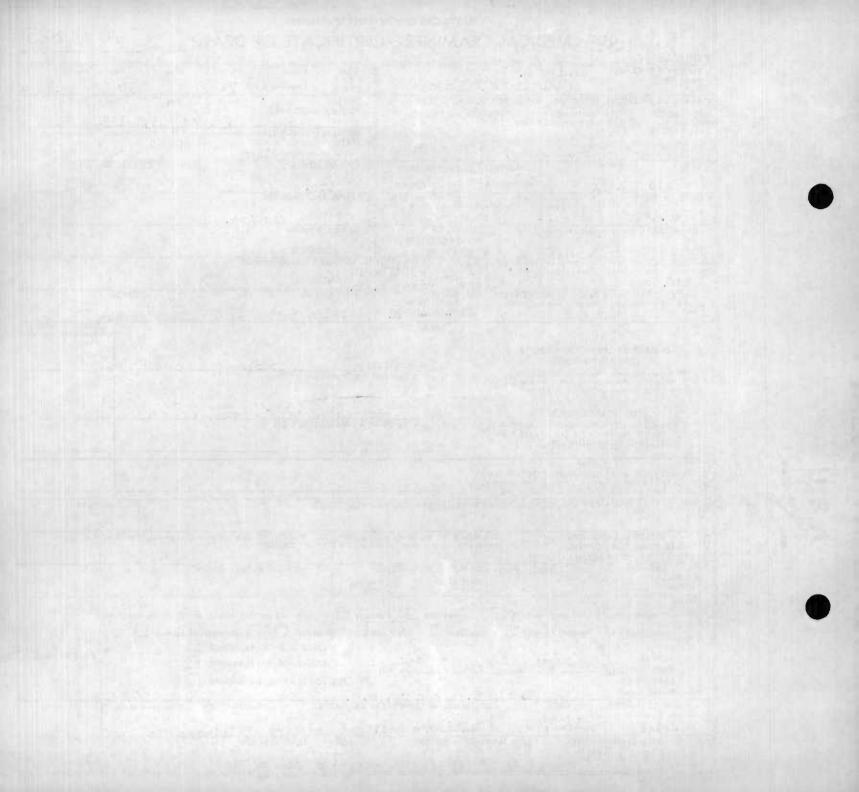






B-300

BIF	7U 1	11)825	MED	ICAI	EXAN	AINER'S	CERTII	ICATE O	DEAT	H REG. NO.	70	00825
1.	NAME OF DEC	CEASED	Wesley	L. E	Beatty		2. DATE	Known 🗌	Month	Day	Year	Hour
(14)	or ar riiii)		XXXX	XIXIXEXX	XIX X XB IX	KAXX	OF DEATH	Estimated	1	21	70	6:35 a.
	PLACE IN BAL						3. DATE	IOUNIESD DEAD	Month	Day	Year	Hour
	L NAME OF		OT IN HOSPITA ESS OR LOCA		TITUTION, GI	VE STREET	PRON	OUNCED DEAD	Jan	uary 21.	1970	6:35 au
	INSTITUTION							L RESIDENCE (Whe		ved. If institutio		
	00	1607	Thomas	Ave.			A. STATE	Mary1a	nd	B. COUNTY	1.5	-03
6.	EX	7. RACE			RIED NEV	ER MARRIED	C. CITY	OR TOWN	1101	D. INSIDE C	ITY LIMITS?	
	Male	Negro	0	WIDOV		DIVORCED [Ra	lto.			ES 🔼	по 🗆
9. [ATE OF BIRT		10. AGE (In	years	If Under 1 Y	r. If Under 24 Hrs.		T AND NUMBER		'	23 🗀	140 🗀
2	Feb.191	10	last birthda		Manihs Day	ys Hours Min.	16	07 Thomas	A			
_	BIRTHPLACE (S				12. CITIZEN	OF		07 Thomas	Ave.			
C	mani a Ma				A	OUNTRY?		Unkown				
14A	urrie No	PATION (Gi	rolina	PB. MINE	Ameri	Can SS OR INDUSTR	Y IS. MOT	HER'S MAIDEN NA	ME			
don	during most of w	varking life, e	ven (fretired)	of Pi	blic	ealth Han	cation	HER'S MAIDEN NA Onkown DRMANT				
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	STIARE	Wyman Pk	18. INFO	RMANT		A	DDRESS	-
(Ye	, na ar unknawn) es	(If yes, give	war or dates	al service	1 1	CURITY NO. -05-4718						
-	19.	War	7 4	-	210.	CAUSE OF DEA		elle Beatt	1007	Thomas	Avenue	PROXIMATE INTERVAL
	412	obe I				CAUSE OF DEA						EEN ONSET AND DEATH
5	DISEASE OR CONDITION DIRECTLY											
	(A) MAMEDIATE CAUSE Intracerebral hemorrhage											
	this does not mean the made of dying, e.g., heart lailure, asthenia, etc. it means the disease, injury or complication which caused death.)											
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE ANTECEDENT CAUSES (B) hypertensive cardiovascular divides the properties of the consequence of the cons										se	
	RISE TO THE	DR CONDITI	USE (A) STAT	ING THE		DUE TO, OR	AS A CON	SEQUENCE OF:				
z	1 UNDERLYING CONDITION LAST.											
CERTIFICATION			II									
V			NDITIONS CO								100	
臣	DISEASE OR	CONDITION	GIVEN IN PA	ART 1 (A)		****						
ER	20A. DATE OF	OPERATIO	N 208. CON	NOITION	FOR WHICH	OPERATION W	AS PERFO	RMED			21. AUTO	PSY? (Yes or No)
0	2										YE	S
V		NAL CAUSE			228. PLACE	OF INJURY (e.g.,	in or abou	1 22C, WHERE DID INJURY OCCUR?	(If In Boltimo	re City, give ex		
EDIC,	UNDERLYING UTING CA				nome, lorm, l	actory, street, and	e blag., etc.	INJURY OCCUR?				
Σ	22D. TIME		Day) (Year) (Hou	r) 22E. INJ	JRY OCCURRED		22F. HOW DID II	VJURY OCC	UR?		
	OF INJURY (APPROX.)				m. WHILE AT		WHILE					
	23.				III. WORK	LJ AIV	YORK	1				
	I cert	ify that I h	eld on 1	nquiry [Inspe	ection Au	topsy	and that on	this basis,	death in my	opinion	
	resulted from: Natural couses Accident Suicide Homicide Undetermined manner											
	CHIEF MEDICAL EXAMINER											
	ACTUAL	111	hulys	11	1/2.	1/1	A	SISTANT MEDICAL				DATE SIGNED
	SIGNATI		01	-11,	(sur	М.Т		SOCIATE MEDICAL				
	NAME (T			Pona'	d N V	ornhlum			EXAMINEK	1	/21/70	
24.	A. BURIAL CREA	MATION.	248. DATE		24C. NAN	ornblum.	or CREMA	TORY 24D	LOCATION			
RE											n, or county)	(Stale)
	MOVAL (Specia	(Y)	1/26/	70	D-7+4						n, ar cauniy)	(Stale)
26	MOVAL (Special Burial		1/26/7		Balt	imore Nat	ional	Cemetary	Paltim	ore Cit		(Stale)
25	MOVAL (Specia				Balt	imore Nat	ional	Cemetary	Raltim	ore Cit	DDRESS	(Stole)
25.	MOVAL (Special Burial				Balt	imore Nat	ional	Cemetary CFUNERAL DIREC	Baltim	ore Cit		(Stole)



JAN 23 1970

VS 150-REV. 1/1/68

358. NAME OF REGISTRAR

Such

			HEALTH DEPARTMEN	IT	70 10000					
BIRTH NO.	70 908	CERTIFICA	TE OF DEAT	H REG. NO	70 49826					
1. NAME OF DECEASE	0		2. DA1	E AND HOUR OF DEATH	1					
	OSSIE	BRILEY	1	/20/70	16.45 0					
3. PLACE IN BALTIMO	RE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence belate admission					
FULL NAME OF	IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	MARYLAN	No.	1604					
Nontution	ADDRESS OR LUCATION)		C. CITY OR TOWN		SIDE CITY LIMITS?					
38	. /	,1	E. STREET AND NUMB	RE	YES NO					
UNIVERSITY O.	E MARYLAN	D HOSPITAL		LONROE ST	2/2/7					
5. SEX 6. RA	CE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 H Months; Doys Hours Min.					
FEMALE 1		OWED DIVORCED	11/1/27	1, 2.	Months Doys Hours Min.					
10A, USUAL OCCUPATI	ON (Give kind of work 10B, K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store o	r foreign country)	12. CITIZEN OF WHAT COUNT					
HOUSEWIFE		UNEMPLOYED	RobiNSONV:	112 N.C	U.S. A.					
3. FATHER'S NAME	^		14. MOTHER'S MAIDEN							
RILEY	PERKINS		BLOSSIE	<u>.</u>						
	in U. S. Armed Farces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS					
UNKNOWN		SECOKIII NO.	PHYLLIS 1	BRILEY - SA	NE ACRONIC					
18.		CAUSE OF DEAT		BRICE 1 - SA	ME AS MBOVE					
DISEASE OR	CONDITION DIRECTLY	Y ACUTE	MVELOGENO	US LEUKEM	SETWEEN ONSET AND DE					
	ING TO DEATH	(A)IMMEDIATE CAL	JSE	as aranini						
heart failure, asthe	ean the mode of dying nia, etc. It means the d	isease,	A CONSEQUENCE OF:		***************************************					
injury or complicel	ion which caused death,)								
	CEDENT CAUSES	(B)								
rise to the ob	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:									
UNDERLYING CO	NDITION last.	(c)	***************************************	************************						
z	11									
E ITO THE DEATH RUT	CONDITIONS CONTRIBLE NOT RELATED TO THE TERM	AINAL								
19A. DATE OF OPER	TON GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE	FINDINGS CONSIDERED					
0	WAS PERFORME	D	no	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?					
OR CONTRACTOR	AS UNDERLYING	21B PLACE OF INJURY (e.g., i home, form, factory, street, of	/ 1	D (If In Baltimo	re City, give exact lacation)					
DEATH Inotify medic	ol exomined	elc.)	nce sidge its out occo	K2						
21D. TIME (Mon	th) (Day) (Yearl (Hou		21F. HOW DID	INJURY OCCUR?						
(APPROX.)		While AI Not While Work At Work								
22. I certify that (I) (this hospital) attended the deceased from 12/29 1969 to 1/20										
1	1 00									
	ond hour and from the courses stated above. (1) (Me) (ald not) view the body after death.									
23A, SIGNATURE	23 B, DATE SIGNED									
andres	M. Wal	DEGREE Phys	nding Med.	Staff Phys.	1/20/20					
23C. PHYSICIAN'S	1 1/20/10									
NAME (Type) ANDREY	4									
24A. BURIAL CREMATIC	N. 24B. DATE	OYLE DEGREE 24C. NAME of CEMETERY OF CRE	MATORY 124		ity, town, or county) (State)					
REMOVAL (Specily	1/24/70	Arbutus Memoria		Raltimore	Maryland					

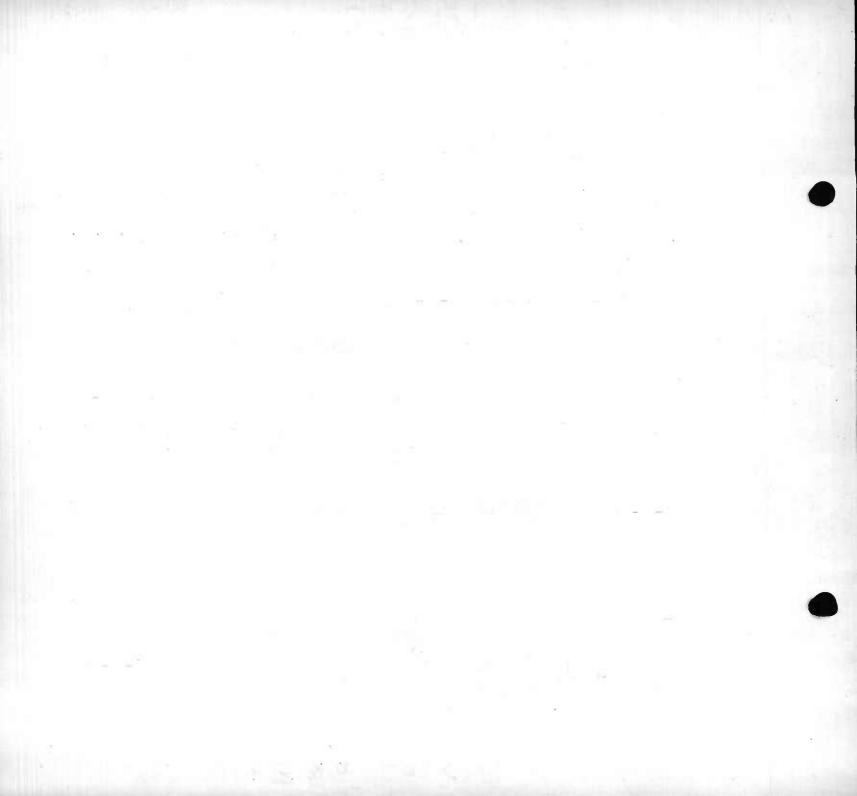
MOR TON & DYET

DYETT F.H.

1701 Laurens Street



X A A Hardward William was well a to the training of the THE PARTY OF THE PARTY OF



BALTIMORE CITY HEALTH DEPARTMENT

IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

70 00830 D. INSIDE CITY LIMITS YES A No [StrEET II Under 1 Yı. Il Under 24 His. 27CITIZEN OF WHAT COUNTRY? OWENS ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Brterios clerosi (It In Bottimore City, give exoct location) and that in (my) (our) apinion death occurred on the date 238, DATE SIGNED 01-21-

Md.

York Rd.

249 cts of October 18 or po

0.5

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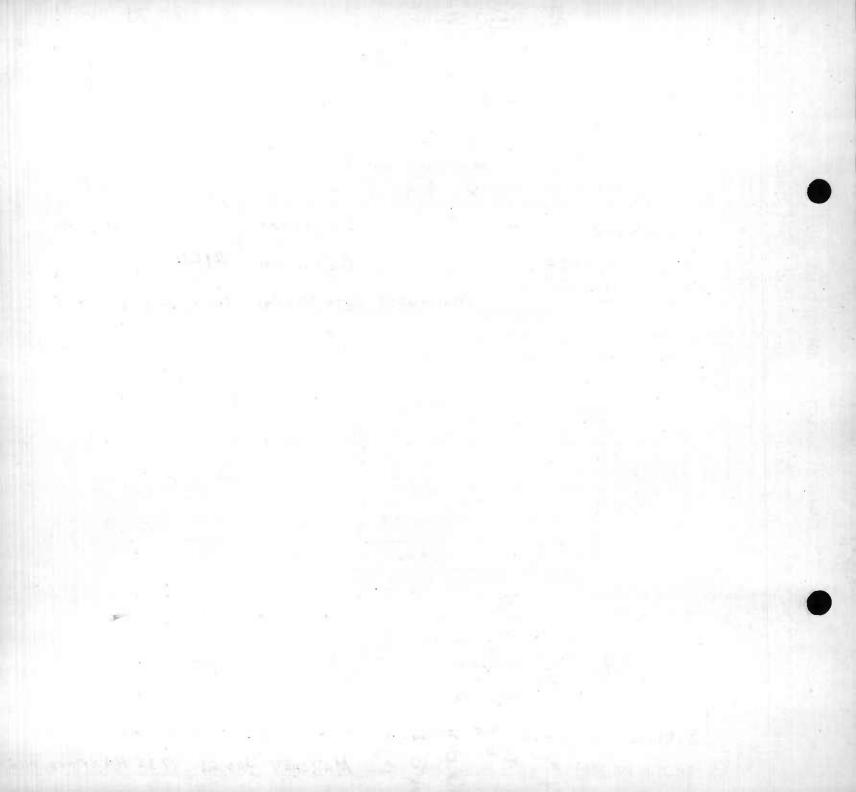
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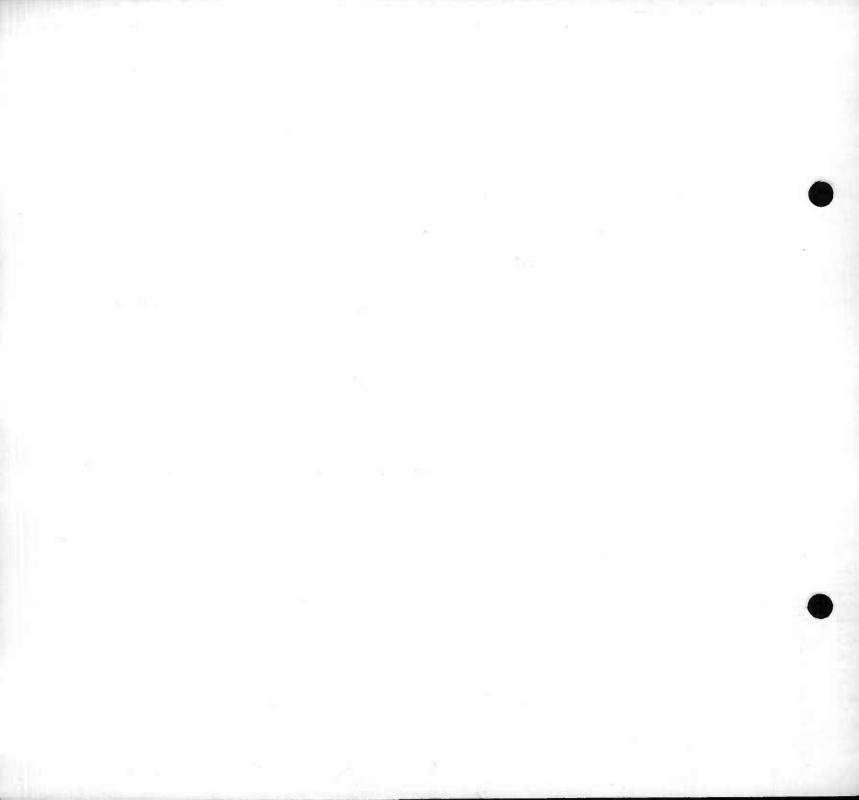
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Mark Warren 1847 Warrendelle

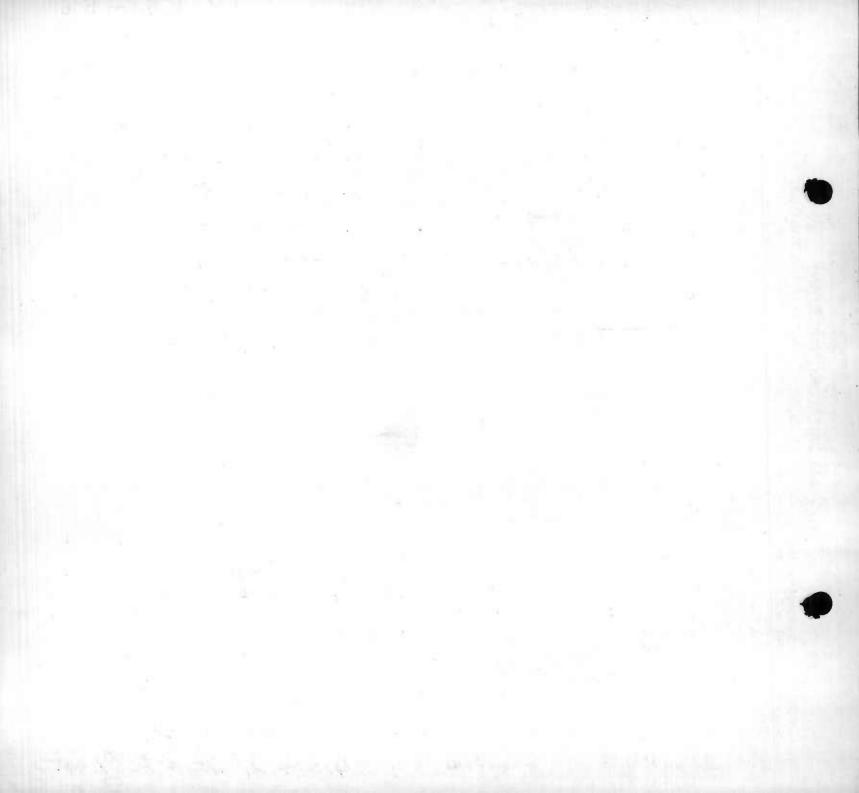






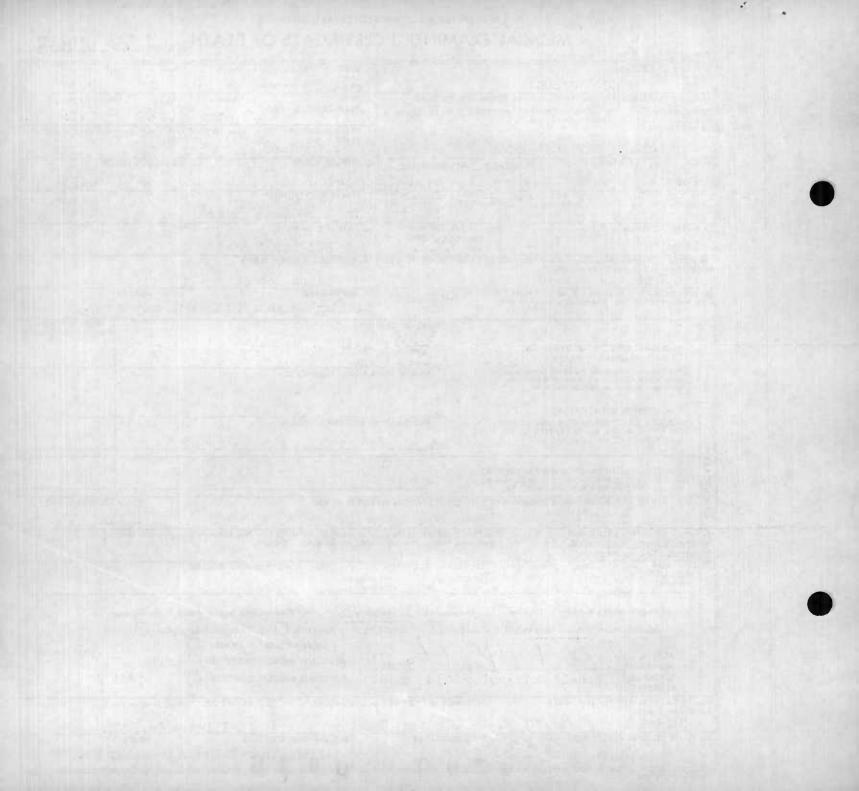


BALTIMORE CITY HEALTH DEPARTMENT



B-400 70 01)837 BALTIMORE CITY H	EALTH DEPARTMENT										
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG NO. 70. 00837										
BIRTH NO.	REG. NO.										
1. NAME OF DECEASED (Type or Prini)	2. DATE Known Month Doy Year Hnur										
WILLIAM T. BEALE	DEATH Estimoted 1 20 70 5:45 a.m.										
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour										
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD January 20, 1970 5:45 a.										
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)										
1600 36111	A. STATE B. COUNTY										
1600 Milliman St.	Maryland // /										
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS!										
Male Negro WIDOWED DIVORCED	Balto. YES NO										
9. DATE OF BIRTH 10. AGE (In years Hunder 1 Yr. If Under 24 Hrs last birthday) Manihs, Doys, Hours Min	E. STREET AND NUMBER										
60 YX	1600 Milliman St.										
July 1 1901 00 ⇒ 09. i t t II. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME										
WHAT COUNTRY?											
Maryland USA 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTI	William O. Beale										
done during most of working life, even if refired)	13. MOTHER 5 MAIDEN NAME										
Janitor Bethlehem Steel Co.	Gertrude Virginia Gibson										
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown){(if yes, give war or doles al service) SECURITY NO.	18. INFORMANT ADDRESS										
	Mrs. Gertrude V. Beale										
19. CAUSE OF DE	ATH APPROXIMATE INTERVAL										
00011	BETWEEN ONSET AND DEATH										
DISEASE OR CONDITION DIRECTLY											
(A)IMMEDIATE (This does not meen the mode of dying, e.g., DUE TO, OR											
heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:										
injury or complication which caused death.)											
ANTECEDENT CAUSES (a)											
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OI	R AS A CONSEQUENCE OF:										
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.											
Z (C)	······································										
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V											
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL											
DISEASE OR CONDITION GIVEN IN PART 1 (A).											
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No)										
	No										
Z2A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.	, in or about 22C, WHERE DID (II in Bollimore City, give exact location)										
	ice bldg., etc.) INJURY OCCUR?										
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?										
OF INJURY NO	T WHILE										
m. WORK AT	WORK										
	23.										
	I certify that I held an Inquiry Inspection XX Autopsy and that an this basis, death in my apinion										
resulted fram: Natural gauses XX Accident Suic	de Homicide Undetermined manner										
	CHIEF MEDICAL EXAMINER										
ACTUAL THOUSAND MUNICIPAL	ASSISTANT MEDICAL EXAMINER XX										
SIGNATURE M.	D.										
EXAMINER'S NAME (Type) Tsidore Mihalakis M.D.	ASSOCIATE MEDICAL EXAMINER 1/20/70										
NAME (Type) Tsidore Mihalakis, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER)											
REMOVAL (Specify)	(only)										
Burial 1/25/70 Hollywood	Remington, Virginia										
25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR	25C. FUNERAL DIRECTOR										
TAN 26 THE CASE OF THE PARTY.	Moser Funeral Home, Warrenton, Va.										
The state of the s	Ulloser thistar ubus, marremon, 44										

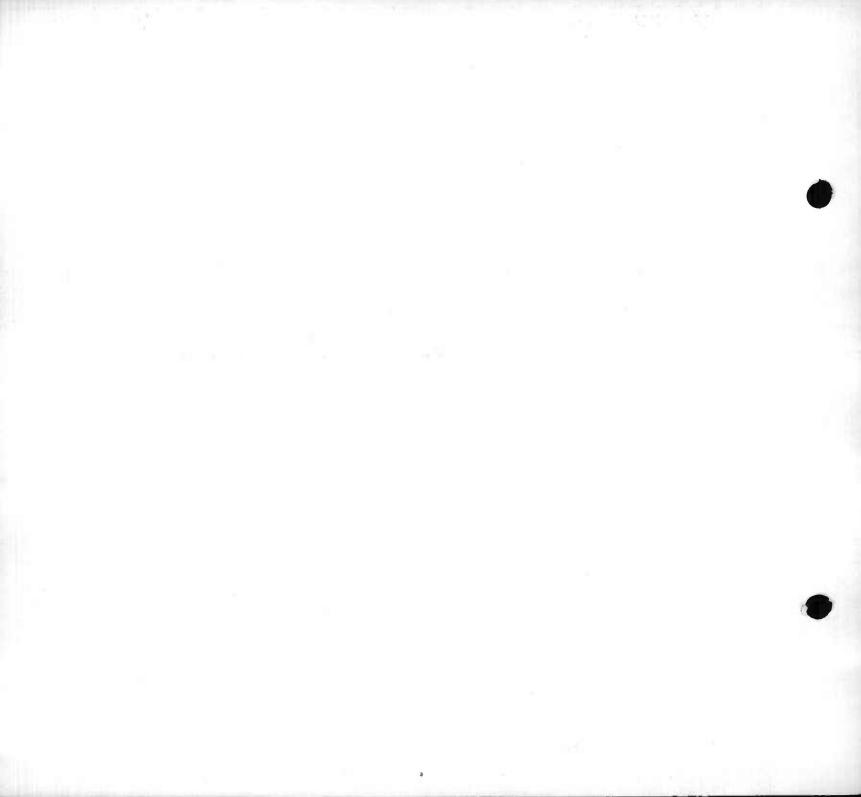
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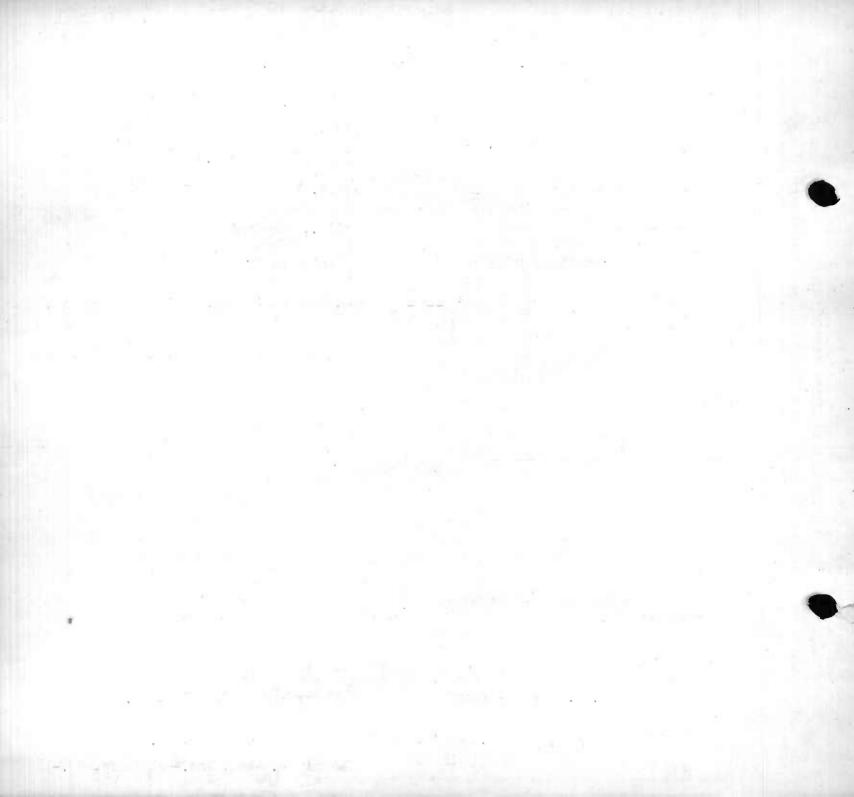
Robert O Salles Street Fredling CHE-22 512 The West of the me UND MARKET ROLL

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

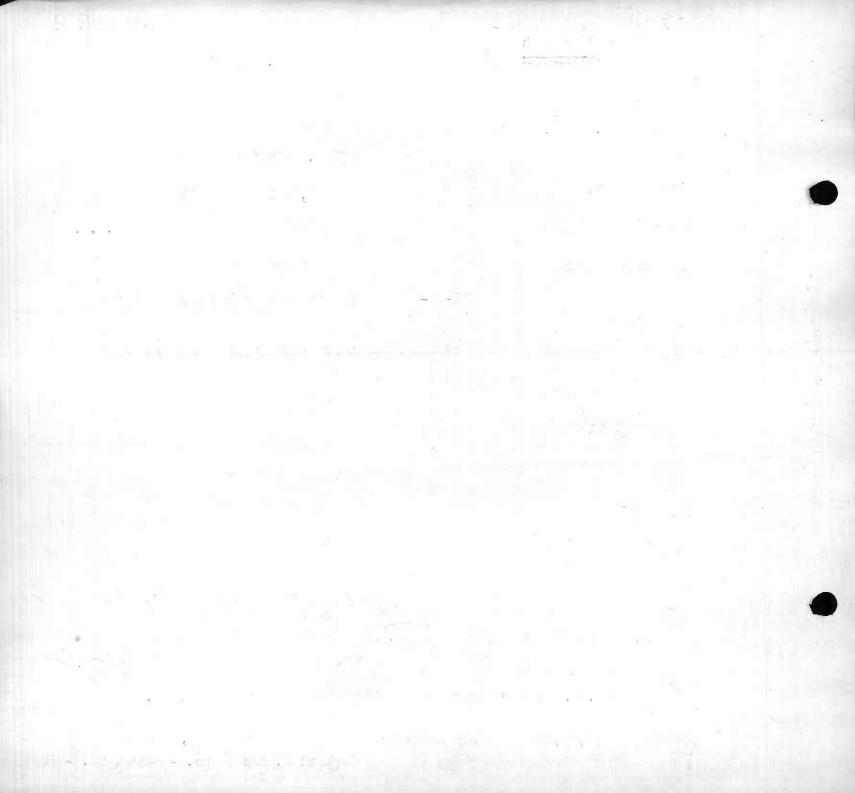
	177 - 120 120 120 120	EALTH DEPARTMENT X REG, No. 70 00840								
	BIRTH NO.	E OF DEATH								
	Typo or Print WAITER HEVERY	2. DATE AND HOUR OF DEATH								
	11	USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)								
	FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MTRYLAND BALTIM DRE 5300 CITY ORTOWN D. INSIDE CITY LIMITS?								
2	2110/1/6000 11	RATIMORE YES NO [
	MINING GOSPITAL	2901 PUNMORE RD								
	AUC.	DATE OF BIRTH 9. AGE (in yours If Under 1 1/2. If Under 24 Hrs. Months Doys Hours Min.								
	IDA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY 11.	011101 60								
	during most of working life, even it refired)	12. CITIZEN OF WHAT COUNTRY?								
	13. FATHER'S NAME	MUSTICIA USA								
	7 MATHIAS HENESSY DBC.	MOTHER'S MAIDEN NAME MOVAY OC								
	15. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	INFORMANT ADDRESS ADDRESS								
	4ES WW TT 119-18-1470	CHART								
	18. 69.9 1 CAUSE OF DEATH	APPROXIMATE INTERVAL								
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH								
	This does not meen the mode of dying an (A)IMMEDIATE CAUSE	DIRECTION OF								
	heort loilure, osthenia, etc. It meens the disease, injury or complication which caused death.)	SNSEGGENCE OF:								
	ANTECEDENT CAUSES	LNUTPITTON								
	DISEASES OR CONDITIONS, it any, giving DUE TO GRASA Conse to the abave cause (A) stating the	ONSEQUENCE OF:								
	UNDERLYING CONDITION lost. (c)	HL PAICHRE								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING ITO THE DEATH BUT NOT RELATED TO THE TERMINAL OLISEASE OR CONDITION GIVEN IN PART 1 (A).									
	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 00	20A-AUTOPSYZ (Yos of No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
		122								
- 11	U 21A-ACCIDENT WAS UNDERLYING 21B. PLACE OF (NJURY (e.g., in or home, farm, foctory, street, office etc.)	obout 21 C. WHERE DID (If In Bollimore City, give exect location)								
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E (NJURY OCCURRED	21F. HOW DID (NJURY OCCUR?								
	(APPROX.) While At Work At Work									
Ш	22. I certify that (1) (this hospital) attended the deceased from 19 to 19									
1	that (1) (we) last sow the deceased alive an 19 and that in(my) (our) opinion death occurred on the date									
	and hour and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.									
	23A-GIGNATURE Altending	23B, DATE SIGNED								
	Marches Phys.	Director L Phys. 4								
	23C. PRYSICIAN'S NAME (Type) 23D.	ADDRESS								
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATE	TORY 24D. LOCATION (City, town, or county) (Stote)								
Ш	BURIAL 1/21/70 BALTIMORE NA	TIONAL BALTIMORE MD.								
	OCA PLANE STORY OF THE STORY OF	25C FUNERAL DIRECTOR ADDRESS								
J	M 26 970	OURICH FENERAL HOME DUNDAUK MD								



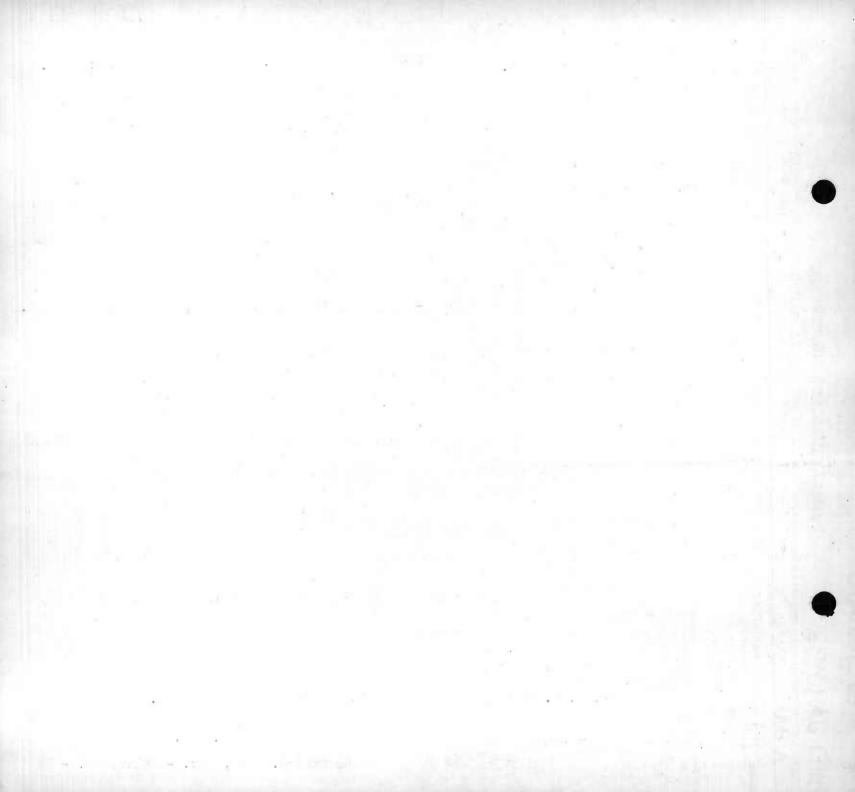
FULL NAME OF HOSPITAL OR INSTITUTION 5. SEX 6. SEX 6. SEX 10A. USUAL OCCUP done during most of wo housevil. 13. FATHER'S NAME 5. Wos Decessed Eves, no or unknown) (111 MO) 18. 4 3 7 DISEASE LE (This does not	JULIA A AORE MARYLAND, WH (IF NOT IN HOSPITAL ADDRESS OR LOCAT O3 Willshire RACE Caucasian ATION (Give kind of work) fe Franklin He rer in U. S. Armed Force f yes, give wor or dates OR CONDITION DIRE	OR INSTITUTION) AVO. MARRIED [WIDOWED [08. KIND OF edrick es?	NEVER MARRIED DIVORCED	A. USUAL A. STATE Mary C. CITY OF Balt E. STREET 4303 B. DATE O May 2 11. BIRTHPE Balt 14. MOTHI	2. DATE A Jan. RESIDENCE (WE B. COU Land RTOWN imore AND NUMBER Willshin	D. IN P. AGE (In years lost birthday) Preign country) Land AME	H GA institution: residence before odmis JISIDE CITY LIMITS? YES NO If Under 1 Yr. If Under 24 Months Days Hours M 12. CITIZEN OF WHAT COU USA		
Type or Print) 3. PLACE IN BALTIA FULL NAME OF HOSPITAL OR INSTITUTION 43 5. SEX 6. SEX 10A, USUAL OCCUP done during most of wo housewil 13. FATHER'S NAME 5. Wos Deceased E. Yes, no or unknown) (I	JULIA A AORE MARYLAND, WH (IF NOT IN HOSPITAL ADDRESS OR LOCAT O3 Willshire RACE Caucasian ATION (Give kind of work) fe Franklin He rer in U. S. Armed Force f yes, give wor or dates OR CONDITION DIRE	OR INSTITUTION) AVO. MARRIED [WIDOWED [08. KIND OF edrick es?	ITION, GIVE STREET NEVER MARRIED DIVORCED BUSINESS OR INDUSTRY	A. USUAL A. STATE Mary C. CITY OF Balt E. STREET 4303 B. DATE O May 2 11. BIRTHP Balt 14. MOTHI	Jan. RESIDENCE (WH B. COU LAND RESIDENCE (WH B. COU RESIDENCE (21, 1970 here deceased lived. If D. IN Pe Ave. 9. AGE (In years lost birthdoy) 10st birthdoy) 11st birthdoy) 12st birthdoy) 12st birthdoy) 12st birthdoy) 12st birthdoy 13st birthdoy	Institution: residence before odmis SIDE CITY LIMITS? YES NO If Under 1 Yr. If Under 24 Months Days Hours M 12. CITIZEN OF WHAT COU		
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SEX Cemple OA, USUAL OCCUP one during most of wo housewil S. FATHER'S NAME (S. Wos Deceased E. es, no or unknown) (I DISEASE LE (This does not	Franklin Here in U. S. Armed Force fyes, give war or dates	WIDOWED WIDOWED OF WID	BUSINESS OR INDUSTRY	B. DATE O May 2 11. BIRTHPI Balt 14. MOTHI	Willshin F BIRTH 1, 1888 LACE (Stote or fo	9. AGE (In years lost birthdoy) 81 reign country)	Months Days Hours M		
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DISEASE (This does not)	Franklin He rer in U. S. Armed Force f yes, give war or dates OR CONDITION DIRE	edrick	1 6. SOCIAL	Balt 14. MOTH	o., Mary	Land			
housewi. 3. FATHER'S NAME 6. Wos Deceosed Education of unknown) (I NO 18. J DISEASE LI (This does not	Franklin Herer in U. S. Armed Force Tyes, give wor or dates OR CONDITION DIRE	ns?		14. MOTH	ER'S MAIDEN NA	AME	USA		
. Wos Deceosed E. es, no or unknown) (I NO ISEASE LE (This does not	Franklin Herer in U. S. Armed Force yes, give wor or dates	ns?		An					
18. DISEASE LE	rer in U. S. Armed Force f yes, give war or dates	ns?			nie Mae H				
18. 13 DISEASE LE	f yes, give war or dates	of service)		17		Brown			
18. DISEASE LE	OR CONDITION DIRE	or service/		17. INFORA	ANT		ADDRESS		
DISEASE LI (This does not				Mrs.	Dora A. I	Freyer. 4303	Willshire Ave, B		
(This does not			CAUSE OF DEATH			-0 ,,,,,,,,,	APPROXIMATE INTER		
(This does not	ADING TO DEATH	CTLY					BETWEEN ONSET AND		
usou iolinie, or	DUE TO, OR AS A CONSEQUENCE OF:								
	heart failure, astheria, etc. It means the disease, injury or complication which coused death.)								
ANTECEDENT CAUSES									
DISEASES OR									
rise to the	above couse (A) s								
UNDERLYING	CONDITION lost.								
OTHER SIGNIFIC	III	TOIDLITING					70 7 34 8		
TO THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO THE	ETERMINAL							
10A DATE OF O	DISEASE OR CONDITION GIVEN IN PART + (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION					No) 20B. IF YES. WERE	E FINDINGS CONSIDERED		
O	WAS PERFORMED			20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF			AUSES OF DEATH?		
21 A. ACCIDENT	WAS UNDERLYING NG CAUSE OF	21 B,	PLACE OF INJURY (e.g., in	or obout 2	C. WHERE DID	(If in Boltime	ore City, give exoct location)		
DEATH (notify m		etc.)	s, jum, locioly, sheet, or	nee ologa, it	JORI OCCOR.				
OF INTITION					F. HOW DID IN	JURY OCCUR?			
(APPROX.)		Whil	Not While						
22. I certify that (I) (this haspital) attended the deceased fram.									
that (I) (me) last saw the deceased alive an Police 5 19 69 and that In(my) (our) apinian death accurred an the date									
and haur and fram the causes stated abave. (1) ((did nat) view the bady after death.									
23A. SIGNATURE 23B. DA Attending (Shoff)									
177	andle &	and	DEGREE	i. Inding	Director	Staff Phys.	1-21-70		
23C. PHYSICIAN' NAME (Type	a) [/			3D. ADDRE					
	Dr. R. Doha	ald Jan		7403	Harford	Road, Balto	, Md.		
A. BURIAL CREMA		24C. NA	ME of CEMETERY OF CRE	MATORY	24D.	LOCATION	City, town, or county) (Sta		
REMOVAL (Spe	2/ /20	St	Mary's, Hamp	den	1	Baltimore, M	13		
	1/0.//				NERAL DIRECTO		ADDRESS		
burial	HEALTH DEPTO	B, NAME A							



0,115	Sales Charles of		HEALTH DEPARTMENT		***				
5-410	70 00812	CERTIFICA	TE OF DEATH	REG. NO	70 00842				
BIRTH NO.	Elisabe th	CERTITION		LIGHT OF BLATIE					
(Type or Pont)	enseen L	. SCHLEUPNER	Jan. 20	, 1970	,				
3. PLACE IN BALTIMORE,	MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in	nstitution: residence before admission				
			Maryland		2748				
FULL NAME OF (IF I	NOT IN HOSPITAL OR INS	SITUTION, GIVE STREET	C. CITY OR TOWN	To INC	IDE CITY HAITS?				
NSTITUTION			C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES X NO						
UNIO	N MEMORIAL -	HOSPI TAL	E. STREET AND NUMBER		TES EN NO				
44			1233 E. Belvede	ere Avenue					
SEX 6. RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	ost birthdoy)	Il Under 1 Yı. If Under 24 Hrs Months! Doys Hours Min.				
female whi	te widow	ED DIVORCED	Sept 16,1892	77	TVOIDIS DOYS THOUS TWIN.				
OA. USUAL OCCUPATION		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	in country)	12. CITIZEN OF WHAT COUNTRY				
one during most of working life Housewife	e, even if retired)		Maryland		IT C A				
					U.S.A.				
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	16					
Alphonsus H	Glos		Mary Albert						
S. Was Deceased Ever in L	J. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS				
Yes, no or unknown) (If yes,	give wor or dotes of service	215-01-6427B	Mr Charles J So	hleupner	Same				
18. 1/1/1/10	1	CAUSE OF DEATH	H APPROXIMATE II						
UNDERLYING COND		(c)							
OTHER SIGNIFICANT CO	OT RELATED TO THE TERMIN	AL							
	ON 198. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21B. PLACE OF INJURY (e.g., in home, farm, foctory, sheet, of etc.)	n or obout 21C. WHERE DID	(If In Boltimo	re City, give exact location)				
21 D. TIME (Month) OF INJURY (APPROX.)	(Day) (Year) (Hour)	21E. INJURY OCCURRED While At Not While	21F. HOW DID INJU	JRY OCCUR?					
WORK LI AT WORK A									
22. I certify that (I)	22. I certify that (1) (this haspitol) ottended the deceosed from 1964 to 1964 to 1966								
that (1) (we) lost so	that (1)(we) lost sow the deceosed alive on 11/2 19 (my) (our) opinion deoth occurred on the dat								
ond hour and from the couses stated obove (1) We) (did) (did nat) view the body after deoth.									
23A. SIGNATURE									
1/1/	1/2/10								
Attending Phys. DEGREE Phys. Director Phys. D									
23C.PHISIPIAN'S PAME (Type) 23D ADDRESS									
D:	r. W. Moredith	1 Smith	6305 The Alameda	a, Balto, M	id.				
AA. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE 24C	NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (C	ity, lown, or county) (Stote)				
Burial	7/21./20	Halw Dadaawan	D-	I timoma M	a wri a nd				
SA. DATE REC'D BY HEAD	THE DEPT 1258 NAA	Holy Redeemer	2SC. FUNERAL DIRECTOR	ltimore, Ma	ADDRESS				
1831 25 107/1	(Robert E. Male)	Co 10 10 10 10 10	Leonard J. Ru	k, Inc	Balto, Md 14				

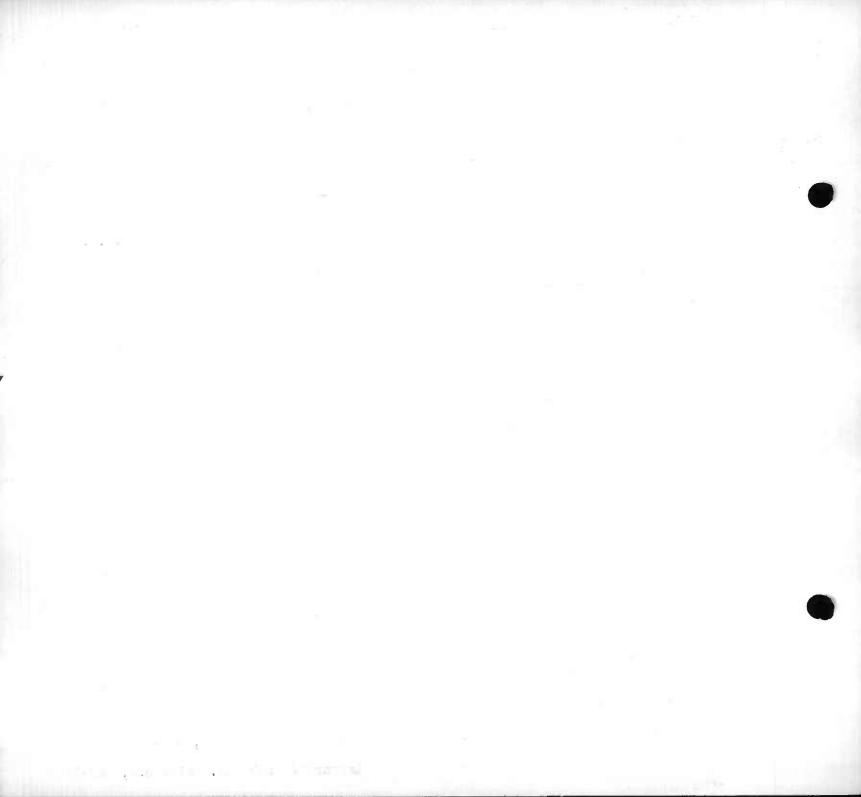


D 11/2		Y HEALTH DEPARTMENT	70 00843
70	00843 CERTIFICA	TE OF DEATH REG.	NO. 70 10823
NAME OF DECEASED		2. DATE AND HOUR OF	DEATH
Type or Print) LOUIS	I RIEBOID	Jan. 20, 1970	
B. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD		ved. If institution; residence before admission)
HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland Balto.	D. INSIDE CITY LIMITS?
NSTITUTION DAT THE COLOR	N. HOODERATO	Baltimore	YES NO
BALTIMORE CIT	Y HOSPITALS	E. STREET AND NUMBER	
31		8053 Wynbrook Road 2	
SEX 6. RACE	7. MARRIED ☐ NEVER MARRIED 🛣	B. DATE OF BIRTH 9. AGE (In ye	Months Days Hours Min.
male caucasian	WIDOWED DIVORCED	Jan. 22, 1901 68	
OA. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY
Print Shop	Glazier	Maryland	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Louis G. Riebol	d	Mary Zimmerman	
5. Was Deceased Ever in U. S. Armed For Yes, no or unknown) (IIf yes, give war or date		17. INFORMANT	ADDRESS
No	217-07-2645	Mrs Marie T. Price	e.8053 Wynbrook Rd.
118, , / - / - 0 1	CAUSE OF DEAT	H THE PROPERTY OF THE PERSON O	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rise la the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CO	(c)		
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T UDISEASE OR CONDITION GIVEN IN PAR	T 1 (A).		
19A. DATE OF OPERATION 19B. CON WAS PER		20A. AUTOPSY? (Yes or No.) 20B. IF YES IN CERTIFY	, WERE FINDINGS CONSIDERED ING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in or obout 21 C. WHERE DID (If in ffice bldg., INJURY OCCUR?	Boltimore City, give exoct location)
21D.TIME (Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR	•
(APPROX.)	While At Not Whi		
22. I certify that (1) (this hospital) attended the deceased from	10/16 1996 to	Jan 20 1970
that (I) (we) last saw the decease	(1- 1		aur) pinian death occurred an the date
and haur and from the causes sta			0
23A. SIGNATURE	and discovering the second sec	view the body differ death.	23 B. DATE SIGNED
1	AH Ph	ending Med. Staff Director Phys.	1/21/70
23C.PHYSICIAN'S	DEGREE "	23D. ADDRESS	1/0//0
Dr. L. B.	Stevens	3400 Erdman Ave. Balte	o. Md.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CE		(City, town, or county) (State)
REMOVAL (Specify)			
Burial 1-24-7	O _ Most Holy Rede	emer Balto. N	ADDRESS
IAN 26 1970 (630) E,	Same of the same o		c Balto, Md 14
/S 150-REV. 1/1/6B			



DIRECTOR:

FUNERAL

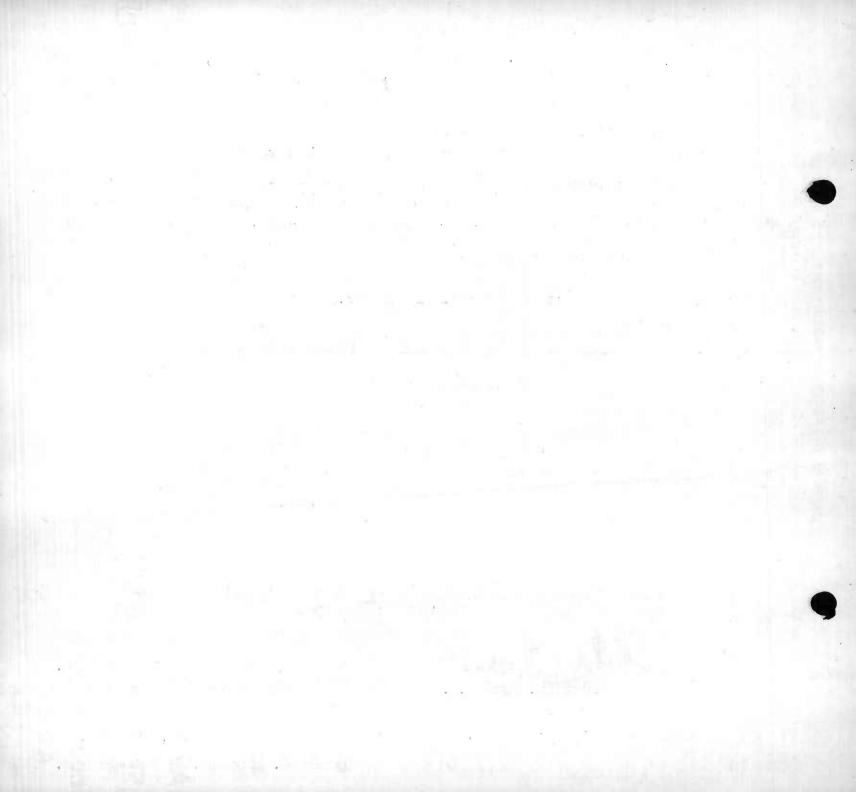


DIRECTOR:

FUNERAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES THE NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? USA ADDRESS Samo APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (aur) apinian death accurred an the date 238, DATE SIGNED Baltimore Maryland deceased written ap (City, town, or county) Roanoke, Virginia. Was ack Inc. 5305 Harford Rd. 21214 VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

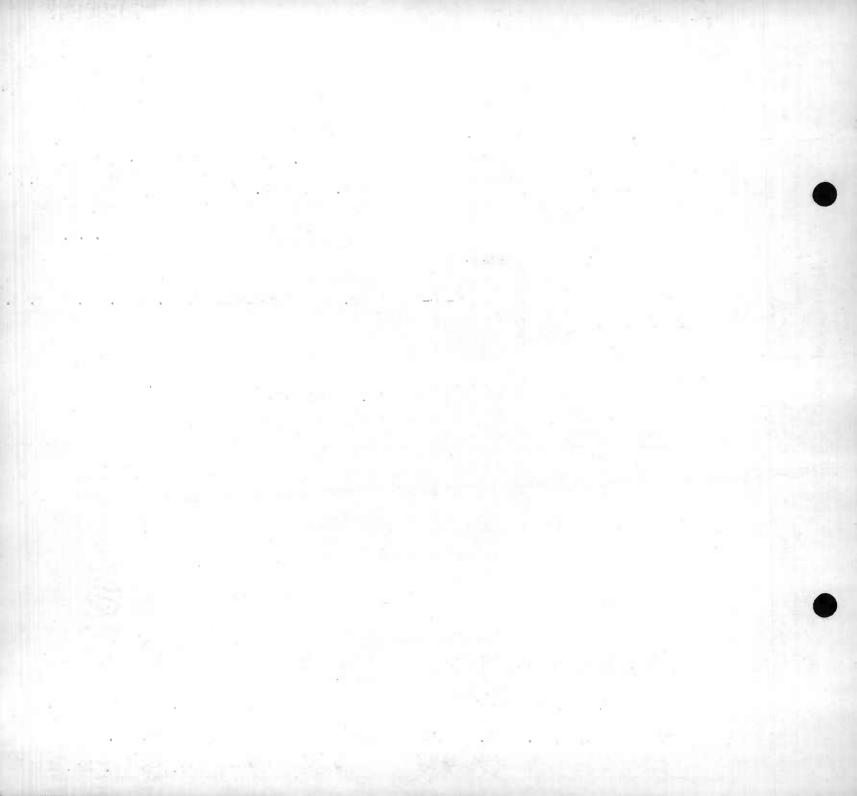


Such

(9-25	3 70 00846	BALTIMORE CITY	HEALTH DEPARTMENT		Ct. VIII CO
BIRTH NO.	70 00030	CERTIFICA	TE OF DEATH	Registered No.	70 00846
M.E. CASE NO.	CEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print)	isendalfer, Robert	C.	1/2	3/70 0	4120 4.
	EATH IN BANMORE MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. Il instit	tution: residence before admission)
			A, STATE B, COUNTY		011
FULL NAME HOSPITAL OF		ution, give street	C. CITY OR TOWN (II outside		800
INSTITUTION			7 1.	e city limits, write KUI	RAL and give township)
MAIZY	land General 1-	lo sp. 111	D. STREET ADDRESS (If rure	ol, give location)	
110				1 -1	
70	V 24.25				
5. S EX '	6. RACE 7. MA	RRIED, NEVER MARRIED OOWED, DIVORCED (specify)		AGE (In years A birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
M	W	NARRIED	02-06-95	74	
	CUPATION (Give kind of work 10B, KII of working life, even if retired)		11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
T SAN	Benesch (Chaus	effer)	Baltoman	e, Md.	4.5.
3. FATHER'S NA			14. MOTHER'S MAIDEN NAME		-01 2 ,
0,	/ 0-2				
ChA	inles Geisenda		MARY	Ellen Du	edles
3. Was Decease Yes, no ar unknov	ed Ever in U. S. Armed Forces? wn) (If yes, give wor or dotes of se	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		JADDRESS
No		215-05-5676	Mrs. Mary F. Gei	sendaffer	(Same)
18. 11	0.01	CAUSE O			INTERVAL BETWEEN
DISE	ASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(A) /	Gocandial infan	ction	
(This does	not meen the mode of dying.	0.9.,	9	1.00 000 00 00 00 00 00 00 00 00 00 00 00	
	e, asthenio, etc. Il means the dis amplication which caused death.)			_	
	ANTECEDENT CAUSES	(B)	Cononary Anteny	Disease	10yeas.
DISEASES	OR CONDITIONS, if ony,				
	the obove couse (A) sloting	The (C)	Aztenio silmos	:5	
UNDERLYIN	NG CONDITION lost.			1004 - 000 04 00 00 00 0 00 + 0000 0000 0	
OTHER SIGN	NIFICANT CONDITIONS CONTRIB	UTING O THE			
	R CONDITION CAUSING IT.	7000			
19A. DATE C	OF OPERATION 198. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
ER 0					
U 21A. ACCID	ENT WAS UNDERLYING BUTING CAUSE OF	21B, PLACE OF INJURY (e.g., inhome, form, foctory, street, or	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare C	City, give exact location)
	ily medical examiner	etc.)			
OF INTURY	(Month) (Doy) (Year) (Hour	21 E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
S OF INJURY		While At Not Whil			
		Work At Work			7
22. I certif	ty that (1) this hospital atten			7.0.10	1/23 19 70
that (I) (w	o lost saw the deceased alive	on	2 3 19 70 ond that	in (my) (aur) aplnic	on death occurred on the dot
ond hour o	nd from the causes stated obc				
23A/SIGNAT		,		2	3B, DATE SIGNED
	11 700	M.D. Atte	ending Med. St	off d	1/23/20
23C HYSIC	IAN'S	Phy	s. Director Ph	ys.	1-71.
23C. HYSIC	(Type)	-1, -(11 1 0	1 1	1
Dto	rant V. Gran	dis M.D.	Maryland Git	meral n	nati val
24A. BURIAL CI	(Specify)	24C, NAME of CEMETERY OF CRI			town, or county) (State)
Buria	1/27/70.	Parkwood Cemet	ery	Baltimore	, Md.
25A. DATE REC'	D BY HEALTH DEPT. 258. N.	AME OF REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS
INN 26		S. A.D. U		k. Inc. Bal	to. Md. 21214
NAILY	1010 6-2-4				

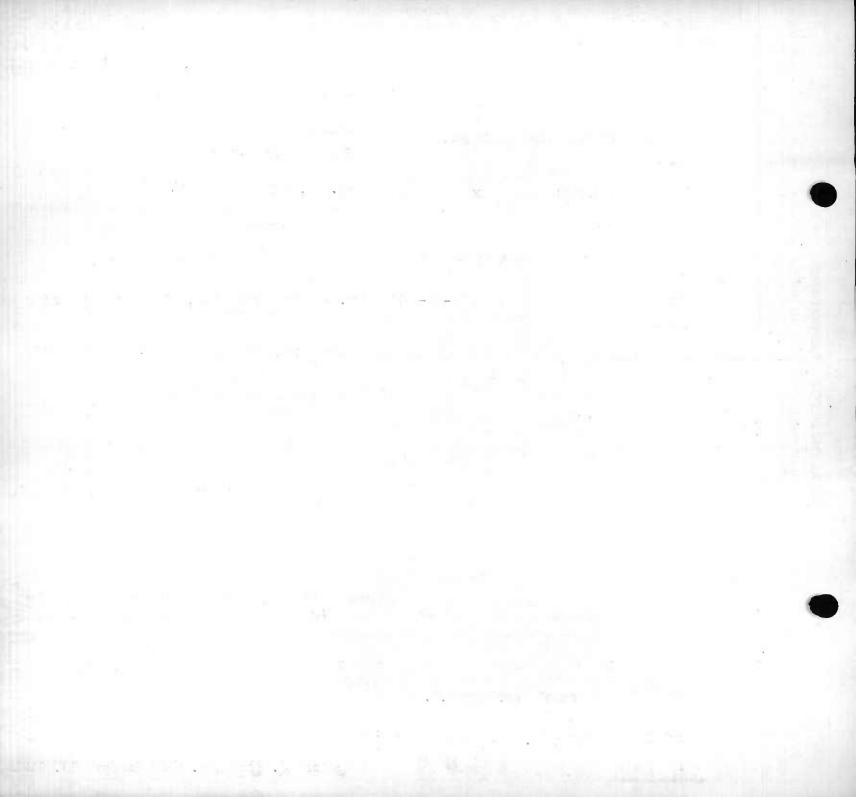
20 DESERT 2 I of york I was D bushack Stunet V Cop dis

NAME OF DECEASI Type or Print)		TOTING	D EDME OF		DATE AND HOUR OF DEATH	
	LOUIS	JOHN	PERTESE		January 22, 1	
FULL NAME OF HOSPITAL OR NSTITUTION			JTION, GIVE STREET	Maryla C. CITY OR TOWN	nd	SIDE CITY LIMITS?
	Franklin	town R	d.	Baltim		YES NO
00					Franklintown	n Rd.
. SEX 6. R	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months! Doys Hours! Min.
Male W	hite	WIDOWED	X DIVORCED	Jan. 23,	1902.	
OA, USUAL OCCUPATION during most of working Tailor		10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto		12. CITIZEN OF WHAT COUNT
3. FATHER'S NAME				14. MOTHER'S MA		U.S.A.
3. FAIRER 3 NAME	?	Perte	Sess	THE STATE OF THE S	Unknow	m
S. Was Deceased Eve	er in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	,, g		216-10-3441	Mr. John	Pertesess, 112 E	. 25th. St.Belto.
18.410.	0.1		CAUSE OF DEATH	H		APPROXIMATE INTERVA
(This daes not a heart failure, ast injury ar camplic ANT DISEASES OR	ADING TO DEATH mean the made of henia, etc. It means cation which coused TECEDENT CAUSES CONDITIONS, if above couse (A)	the disease, deoth.)	AITTE	A CONSEQUENCE OF	RUTZL CAI	
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(This daes not heart failure, astinjury ar camplic ANT DISEASES OR rise to the a UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAPPROX.) 21.D. TIME (MOFINIURY (APPROX.) 22. I certify the other (I) (we) last ond hour and from the contribution of the contr	mean the made of henia, etc. It means attain which coused (ECEDENT CAUSES) CONDITIONS, if above couse (A) ONDITION tast. II NI CONDITIONS COUT NOT RELATED TO TOUT NO	the disease, deoth.) any, giving slating the MTRIBUTING HE TERMINAL TO I (A). DITION FOR VECTOR (Hour) (Hour) 21E. Wh. Ww.	WHICH OPERATION PLACE OF INJURY (e.g., in forth, forth, forth, street, of the deceased from the decea	20A. AUTOPSY? (20 A. AUTOPSY? (21 F. HOW 21 F. HOW 21 F. HOW 21 F. HOW 21 F. HOW 31 F. HOW 4 T. A.	Yes or No) 20B. IF YES, WERI IN CERTIFYING C RE DID (If In Boltim CCUR? (If In Boltim CCUR? 1960 to	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exoct locotion) J (T T T T T T T T T T T T T T T T T T
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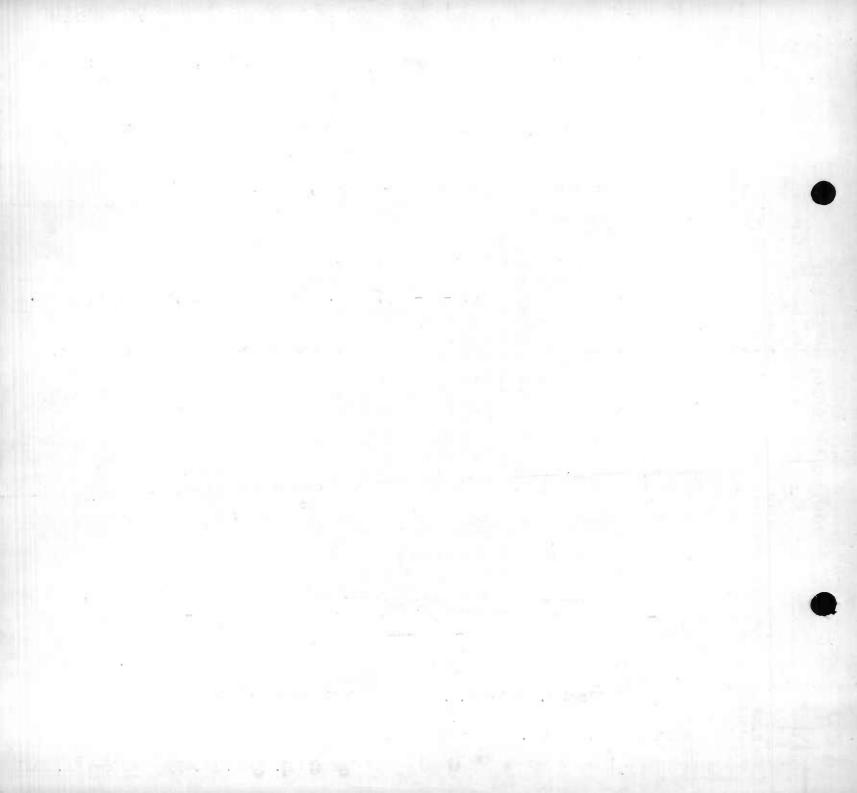


IMPORTANI DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT D. INSIDE CITY LIMITS NO X If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Mr. William Schilling, 8135 Pleasant Plains Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact lacotion) 19 70 ond that in (my) (our) opinion death occurred on the dote 23B, DATE SIGNED (City, town, or county) Baltimore Maryland Mick Inc. 5305 Harford Rd. 21214 VS 150-REV. 1/1/68



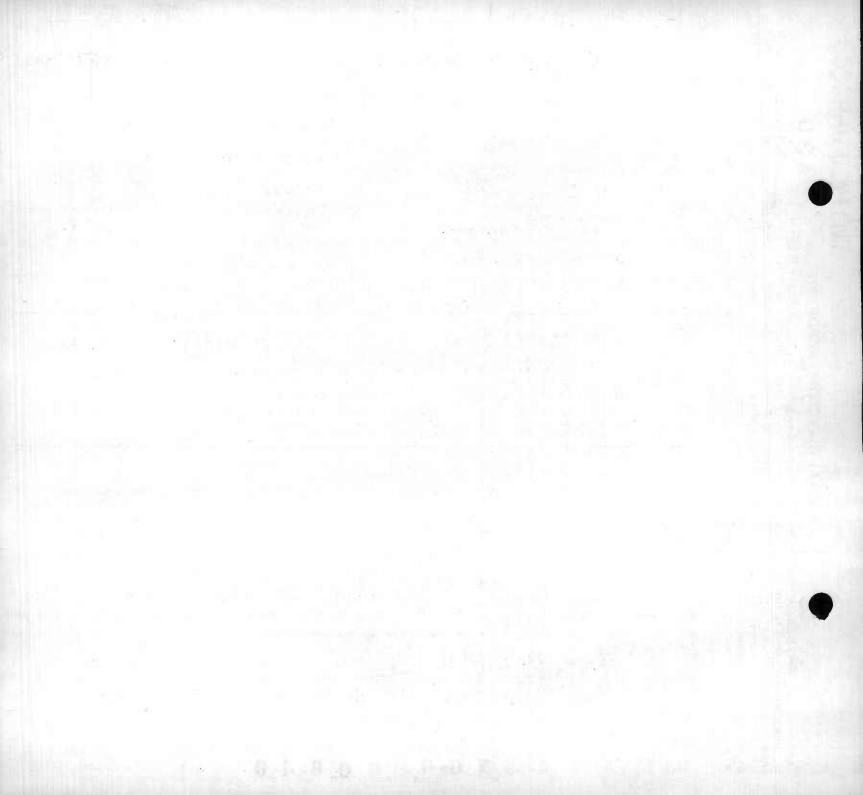
FUNERAL DIRECTOR:



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Und was D.O.A. at a hospital (except where the physician who pronounced death was i deceased prior to death); and (6) No physician was in regular attendance on the dewritten approval must be obtained before the remains are embalmed or final dispositions.
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) was D.O.A. at a hospital (except where the physician who pronounced death was Locased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final dispandance.
Mas D.O.A. at a hospital (except where the physician who pronounced deceased prior to death); and (6) No physician was in regular attendan written approval must be obtained before the remains are embalmed or find the second state of the second st
Mas D.O.A
So of 125

	1-5.52 70 00850 BALTIMORE C	THE OF PEATH X PEG NO 70 00850
		CATE OF DEATH REG. NO. 70 00850
	Type or Pinil O D T 1 M	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION!	MARYCAND BYHO, 5300
	42	BALTIMORE YES NOT
90	SINAI HOSPI BALTIMORE.	E. STREET AND NUMBER 1309 HILLSWAYCH
Ĕ	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Months Doys Hours Min.
_ 11	OA, USUAL OCCUPATION (Give kind of work) 10 B, KIND OF BUSINESS OR INDUS lone during most of working life, even if relired)	
	Retired Weigher American Refinery	Maryland usA
2		14. MOTHER'S MAIDEN NAME
	Joseph Jennings 5. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (es, no or unknown) Uf yes, give wor or dales of service) SECURITY NO.	Catherine ?
	Yes WW 1, SECURITY NO. 217-16-5122	ADDRESS.
	18. // 2. / 1 CAUSE OF DE	
3	DISEASE OR CONDITION DIRECTLY	DETERMINE ALLER AL
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CO	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR	AS A CONSEQUENCE OF:
	nise to the obove couse (A) stoling the UNDERLYING CONDITION tast. (C)	1
	ll l	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	DISEASE OF CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED	20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTINO CAUSE OF home, larm, loctory, street, etc.)	affice bidg, INJURY OCCUR?
	21D. TIME (Manih) (Day) (Year) (Haun) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX) While At Work At Wo	hile
	22. I certify that (1) (this hospital) attended the deceased from	1/23/10 19 10 1/23/2019
	that (1) (we) last saw the deceased alive on 1/23	and that in (mg) (our) opinion death occurred on the date
	and hour and from the causes stoted obove. (1) (We) (did) (did not)	view the body after deoth.
2		ttending Med. Staff S
	23C. PHYSICIAN'S	Phys. Address Med. Sheff Phys. 1/23/33
	NAME (Type)	- ADDRESS
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county) (Stole)
2	Burial 1/27/70 Baltimore Nat	
2	A DATE REC'D BY HEALTH BEPT. 2584 NAME OF REGISTRAR	25C FUNERAL DIRECTOR! ADDRESS
, Ê	ANI CO 1210 recess of demonstration	Leonard J Ruck Inc. Baltimore, Maryland

1 W 60 8 11 in the state of th Marine I. Herry C. Arrivot E. Marine



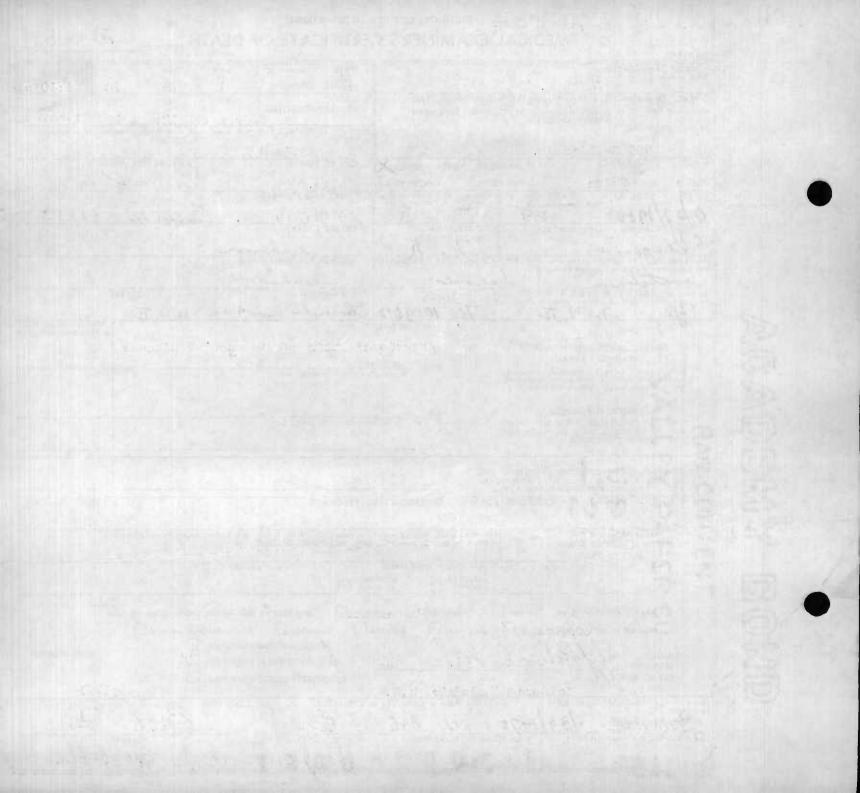
7 3 1 11 7.1 1000853 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EV A MAINTED'S	CEDTIEICATE	OF DEATH
MEDICAL	EVAWIIJEK 2	CERTIFICATE	OF DEATH

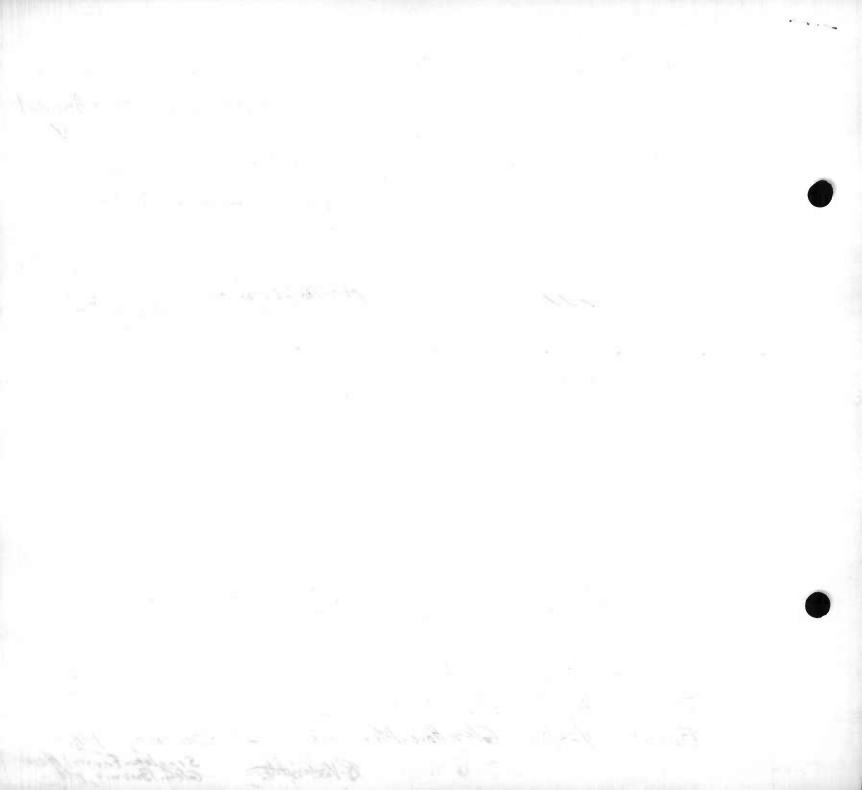
10-400	ME	DICAL	EXAMINER'S	CERTIFI	CATE OF	DEATI	H REG. NO.	10	111927
BIRTH NO.							KEG. NO.		
1. NAME OF DE		TIT D		2. DATE OF	Known 🔍	Month	Doy	Yeor	Hour
4. PLACE IN BA	DAN] LTIMORE, MARYLAND,		ELLE PNOUNCED DEAD	DEATH 3. DATE	Estimoled	Januar	y 16, 1	970 Yeor	Hour M.
FULL NAME OF HOSPITAL		TAL OR INSTI	TUTION, GIVE STREET	PRONO	UNCED DEAD	Januar	v 16. 1	970	2.25 P.M
OR INSTITUTION				5. USUAL R A. STATE	ESIDENCE (Where	deceased liv	ed, Il institution: B. COUNTY	residence	before admission)
	hns Hopkins				Maryland		s. COUNTY	5	308
6. SEX	7. RACE	8. MARRI	ED NEVER MARRIED	C. CITY OR			D. INSIDE CI	Y LIMITS?	
Male 9. DATE OF BIRT	Negro	WIDOWI		F CYNESY	Baltimore	3	YE	s 🗓	NO 🗆
Sept. 10,	1927 losi birtho	242	ff Under 1 Yr, 11 Under 24 Hrs. Months Doys , Hours , Min.	E, SIKEEI	1027 N. V	Volfe S	treet		
11. BIRTHPLACE	State or foreign country)	1	2. CITIZEN OF WHAT COUNTRY?	13. FATHER	ohn U	1. Be			
14A.USUAL OCCU	PATION (Give kind of wor	14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA				
done during most of	working life, even Il rejired	'		1 4	tdA U	lise			
(Yes, no or unknown	(Il yes, give wor or dote	D FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	TAN		AC	DRESS	
y 25	TOTOL .		CAUSE OF DEA	TH					PPROXIMATE INTERVAL
DISEAS	E OR CONDITION DIR	ECTIV		Homorr	haafa aaat			BETW	VEEN ONSET AND DEATH
7,350	LEADING TO DEATH		(A)IMMEDIATE		hagic gast	roente	ritis		
(This does no heart lailure	not mean the made of a c, asthenia, etc. It means th	lying, e.g., ne diseose,	DUE TO, OR	AS A CONSEC	UENCE OF:				
injury or cor	mplication which coused d	oth.)			1				
AI	NTECEDENT CAUSES		(B)				3	- 15	
RISE TO THE	OR CONDITIONS, IF AN E ABOVE CAUSE (A) ST.	IY, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYIN	NG CONDITION LAST.		(c)						
271150 5101	II.								
TO THE DE	ATH BUT NOT RELATED TO	O THE TERMIN	NG IAL						
	CONDITION GIVEN IN		OR WHICH OPERATION W	AS PEREORA	JED.			2) AUTO	PSY? (Yes or No)
Ö			on the circle of Example 11.	AS TERFORIT				21. AUIO	- 1215 (see or 140)
	NAL CAUSE WAS	[2:	2B. PLACE OF INJURY (e.g., ome, form, foctory, street, offic	in or obout 2	2C. WHERE DID (if In Boltimore	City, alve exoc	Llocation)	<u>(es</u>
	GOR CONTRIB-	h	ome, form, foctory, street, offic	e bidg., etc.) ii	NJURY OCCUR?				
	(Month) (Doy) (Yes	ar) (Hour)	22E.INJURY OCCURRED	2	2F. HOW DID INJ	URY OCCU	R?		
(APPROX.)		n		WHILE O					
23.				[3]					
		Inquiry L			and that on th				
resul	ted from: Noturo co	uses LX	Accident Suicid		omicide 🔲 👢		ed manner L]	
ACTUAL	(/////	bellevi	MI		CHIEF MEDICAL E		XI 		DATE SIGNED
SIGNATI	EDIC	equip.	M.D	•	STANT MEDICAL E		<u>~</u>		
NAME (T		re Miha	alakis, M.D.	ASSO	CIATE MEDICAL E	XAMINER [☐ Janı	uary 1	.8, 1970
24A. BURIAL CREA	MATION, 24B. DATE		24C. NAME of CEMETERY	or CREMATO	RY 24D. I	OCATION	(City, lown,	or county)	(Stole)
BURI	1 1 1	1-70	HOPKINS	Ceme	elery	High	land		Md.
	BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	2500	UNERAL DIRECTO			DRESS	1 211
ALTHUM C	TAS Anne	1 10	5 0 0 D	n As	HOUTEX.	nour	sew 1	ock	ville, lild.
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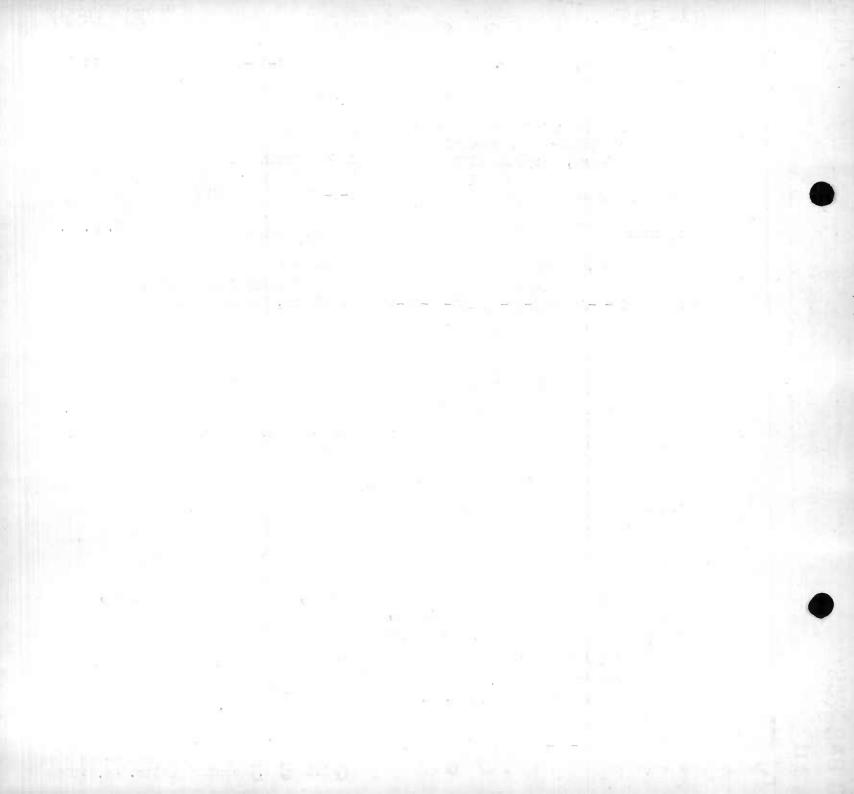
	The state of the s	3 (3.000)
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	1 11/854
I. NAME OF DECEASED		
(Type or Print)	2. DATE Knawn Day Year	Hour
JAMES V. PARR 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated 1 12 70 3. DATE Month Doy Year	1:10 pm.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	naur
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	January 12, 1970 5. USUAL RESIDENCE (Where deceased lived, if institution; residence	1:10 р м.
AA 005 71 111 0	A. STATE B. COUNTY	Defore damission)
905 Hollins St. 6. SEX 7. RACE 8. MARRIED TAISVER MARRIED TO	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?	40
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Male White WIDOWED DIVORCED 9. DATE OF BIRTH IO.AGE (In years H Under 1 Yr, If Under 24 Hrs.	Balto. YES	ио Ц
lasi birthday) Manths Doys Haurs Min.	E. SIREEI AND NUMBER	
6127/1900 69	905 Hollins St. O. C. h.	2/223
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Cergenea HJA	linknow	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY dane during most of warking life, even if retired)	15. MOTHER'S MAIDEN NAME	
watchnen Jehool	Menhown	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, na or unknown) (If yes, give war or dotes al service) SECURITY NO.	18. INFORMANT ADDRESS	
- 6/00 70 N TE 705-10-9612	Donorable Machange - by will	
CAUSE OF DEA		APPROXIMATE INTERVAL WEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterios	sclerotic cardiovascular disease	
LEADING TO DEATH		
	AS A CONSEQUENCE OF:	
Injury ar camplication which caused deoth.)		
ANTECEDENT CAUSES (9)		
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KISE TO THE ABOVE CAUSE (A) STATING THE		
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE TERMINAL	AS PERFORMED [21, AUTO	DPSY? (Yes or No)
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oital and of death Deceased on the ith. Such	I. NAME OF DECEASED (Type of Papil). 2. DATE AND HOUR OF DEATH 3.0
of of of of other	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where doccored lived, If institution: residence before admission) A. STATE B. COUNTY
a hosp cause se; (5) andance to dea	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN ID. INSIDE CITY HAMTES
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chief Body the ysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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any dex , ar , ar , ar	22. I certify that (I) (this hospital) attended the deceased from 19 70 to 19 70 that (I) (we) ast saw the deceased alive an 19 70 and that in (my) (aux) apinion death accurred as the dece
0 8 4 4	and haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death.
5 6 0 5	23A. SIGNATURE Attending Med. Stoff 23B. DATE SIGNED Attending Med. Director Phys.
0 - 0 - 7 >	23C. PHYSICIAN'S NAME (Typol N
L-41 0 0 -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or country) (Stote)
This certif the body shows: (1) was D.O deceased written a	Buria 1/24/70 SEn Maven Memilark Gen Burnie Md 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. EUNERAC DIRECTOR Singleton FADDRESS Home
E## 3 5 3	VS/150-REV. 17/68 Cole & Falley M. 10 0 0 1 1 1 1/68



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IN:	STITUTION			tion Hospital	Baltin		0. 11	YES XX NO
		900 Loch Rave			E. STREET A	ND NUMBER		110
-	B	altimore, Ha	ryland	21218	4 West	t Cross	Street	
5. 5	SEX	6. RACE	7. MARRIE	D X NEVER MARRIED	B. DATE OF	BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Months: Doys Hor
	fale	White	WIDOWE		9-1-2	-	47	
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1	Carpente	er	U	nknown	Nor	th Caro	lina	U.S. A
13.	FATHER'S NA	ME				'S MAIDEN NA	AME	
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		Ever in U. S. Armed Fo		1 6. SOCIAL SECURITY NO.	17. INFORMA	NT VA Ho	spital Reco	ords ADDRESS
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AL CERTIFIC.	DISEASES OF THE DEATH CONTRIBUTION OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. II GCANT CONDITION S CONDITION GIVEN IN PAI OPERATION OPERATION OPERATION OPERATION (Masser of medical examines) (Month) (Doy) (Year) that (M) (this haspital last saw the deceased from the causes stated in the causes stated in the causes stated from the cause stated from the causes stated from the cause stated from the ca	any, giving stating the statin	(B) DUE TO, OR AS THE COLOR OF AS THE COLOR OF THE COLOR	20A. AUTO 20A. AUTO 20A. AUTO 20A. AUTO 20A. AUTO 20A. AUTO 21F.	opsy? (Yes or) Yes WHERE DID URY OCCUR? HOW DID IN	generalized No. 208. IF YES, WEIN CERTIFYING YES (If in Boltic	RE FINDINGS CONSIDER CAUSES OF DEATH? more City, give exoct local
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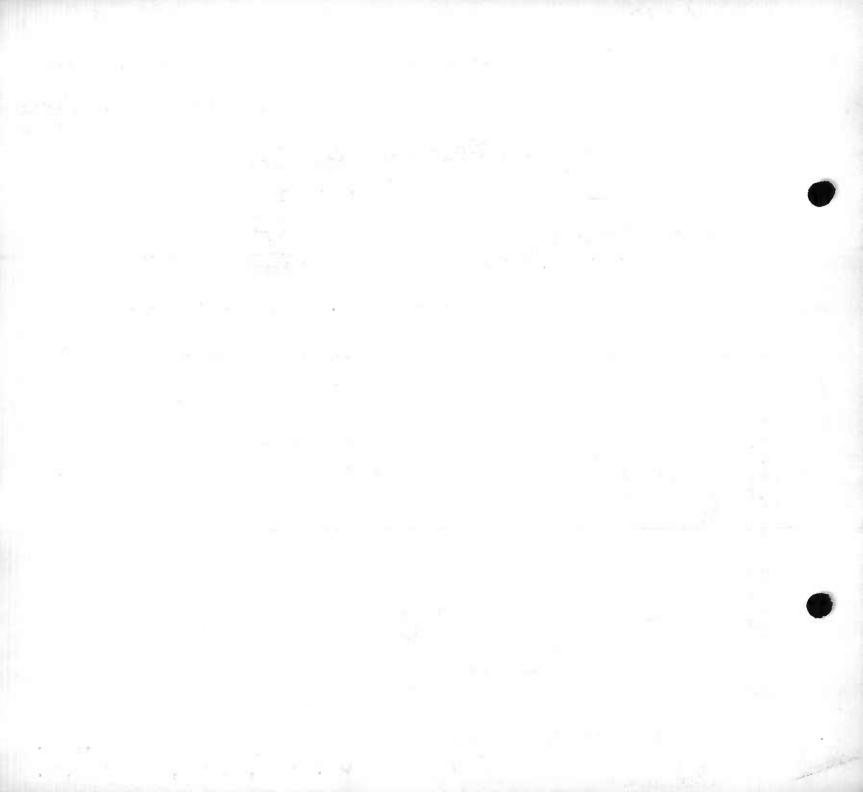
Afternoon and the second second

Market Street and the second second

Carteman with metaline Dialecter nuclei us 1/16 70 Bernard Burgin 165

DIRECTOR:

FUNERAL



IMPORTANT

FUNERAL DIRECTOR:

M-610 70 0086		Y HEALTH DEPARTMENT	70 00861
I.NAME OF DECEASED		THE OF BEATT	
/T B. 1 . A	ALLED DILL	2. DATE AND HOUR OF DE	
3. PLACE IN BALTIMORE, MARYLAND, WHERE	MUKPHY	1-21-70 4. USUAL RESIDENCE (Where deceased lived.	3:40 P.
WHERE	KONOUNCED DEAD	A. STATE B. COUNTY	Il institution rosidence before admissio
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Bleauyland B3/Ho	5300
INSTITUTION ADDRESS OF LOCATION)			INSIDE CITY LIMITS?
2.		Balling 1841	YES NO
South Ballimous	General Haspirtal	E. STREET AND NUMBER	
		2909 Convey Can	uI
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	
E 1.17	WED DIVORCED	11-28-29 lost birthday!	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. K)		11-28-29 40	
done during most of working life, even if retired)			12. CITIZEN OF WHAT COUNT
hause rufe		bew york	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
anthony Success	a	8440	
5. Was Deceased Ever in U.S. Armed Forces? Yas, no or unknawn) (if yes, give war or dates of se	16. SOCIAL	Mam me	A.D
(It yes, give war or dates of se	SECURITY NO.		ADDRESS
		Mathew V. CHush	and DAME
18.58 d X I	CAUSE OF DEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASES OR CONDITIONS, if any, ise to the obove cause (A) stolling UNDERLYING CONDITION lost.	(c). Chu	mea A CONSEQUENCE OF: One Glo me unlo neph	uchi
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	****************		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natily medicol examiner)	21B. PLACE OF INJURY (e.g., ir home, larm, lactary, street, off etc.)	or obout 21 C. WHERE DID (If In Boilling Boilling) INJURY OCCUR?	more City, give exoct lacotion)
OF INJURY (Month) (Doy) (Year) (Haur)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROXI	While At Not While		
	ALCIK THE WILLIAM		
22. I certify that (i) (this hospital) attended	led the deceased fram	1-15-11 19 70 ta	1-21 1970
that (I) (we) last saw the deceased alive	an 1-21-144	19 FU and that in (my) (aur) a	pinian death occurred an the do
ond haur and fram the causes stated aba	ve. (I) (We) (did) (did not) vi	ew the bady after death.	
23A. SIGNATURE		,	23B DATE SIGNED
Himania 11 louists	M.D. AHer	ding Med. Stoff Phys.	
23C.PHYSICIAN'S NAME (Type)	M. D , GEGREE Phys.	3D ADDRESS	1-21-10
NAME (Type)	1. Ch	A D C C C C C C C C C C C C C C C C C C	0 1/
VIRGINIA Y, FA	UNTO, M.D. DEGREE	Adding Med. Shoff Phys. 23D. ADDRESS South Balh'nucce flex MATORY. 24D. LOCATION	renal Hayntal
4A. BURIAL CREMATION, 24B. DATE 2.	C. NAME of CEMETERY OF CRE	MATORY. 24D. LOCATION	(City, tawn, ar caunty) (Stotel
Burial 1-2 / 1970	St. JOHN'S	QUEEKS	N. J.
SA. DATE REC'D BY HEALTH DEPT SEPONA	DE OL REGISTIAR	25C. FUNERAL DIRECTORS	ADDRESS
THE THE MODER ST.	ALEXANDER OF THE PARTY OF THE P	Will Cook Brooks Towson	, 1050 York Road
S 150-REV. 1/1/68	and the state of the same		Towson, Maryland



1-350	1	10862		TE OF DEATH	X REG. NO.	70 00862
BIRTH NO.		,,,,,,,,,,	CERTIFICA			
Type or Print)	James	Loudin			AND HOUR OF DEATH	970 2 05 M
FULL NAME OF HOSPITAL OR INSTITUTION	FICATE ADDRESS OR LOCA Ouse in the P	AME ATION)	2-3-70	A. STATE B. COMMd. C. CITY OR TOWN Baltimore E. STREET AND NUMBER	D. INS	IDE CITY LIMITS? YES X NO Maryland 21162
· SEX Male	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
emaie-	Cau.	WIDOWED		11-22-1889	80	
	UPATION (Give kind of work working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
Self em		Fa	rmer	Czar W.	Virginia	U.S.A.
3. FATHER'S NA				14. MOTHER'S MAIDEN N	AME	
	Nicholas		Loudin		Amanda H	icks
. Was Deceased	Ever in U. S. Armed For	ces?		17. INFORMANT		ADDRESS
No No	fill yes, give wor or dote	s of service)	236-12-4395A	Lillian Schlo	ogel Box 35 R	t.#L WhiteMarsh Md
DISEASES OF THE PROPERTY OF TO THE DEAT	ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last. II FICANT CONDITIONS CO THE BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	slafing the NTRIBUTING HE TERMINAL	(B) Chtering DUE TO, OR AS (C) Cherming	Schuli and a consequence of:	winder Dr.	France
	OPERATION 198. CON WAS PER	DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING [JTHNG [] CAUSE OF medical examiner)		e, form, foctory, street, of	or about 21C. WHERE DID ice bldg., INJURY OCCUR?	(If in Baltimor	re City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED ile At Not While At Work	21F. HOW DID I	NJURY O CCUR?	. /
22. I certify	that (1) (this baspital) ottended t		11/13/	19 69 to	1/2 19
that (I) (ve)	last sow the decease	d-alive on		2//19/20 ond	that in (my) (عسو) opi	nion death occurred on the dat
and haur and	d from the causes stat	ed obave. (I		lew the body ofter deat		
23A. SIGNATU	11 h n	,			140	23B. DATE SIGNED
116	no D Dis	dlay	DEGREE Phys	nding Med.	Staff Phys.	1/23/70
23C. PHYSICIA NAME (T				3D. ADDRESS		
4A. BURIAL CRE	MATION, 248, DATE	24C. N	DEGREE AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (State)
REMOVAL (20.21
Burial	1-24-7	O GE	rdens of Fait	25C FUNERAL DIRECT	Fullerton,	Balto Md
IAN 26 10	170 Robert E.	Causes !	W. O 0	0 - 0 36 35	(1)	Ol Belair Road 2123
THE SELECTION OF	4.9		450	account 1 (ttl	or ar mone (40	T STATE WORD STS

IMPORTANT

FUNERAL DIRECTOR:

C - 352	2, 70 0	0863		HEALTH DEPARTMENT	A	70 00863	3
BIRTH NO.	535	COAMA			1		
(Type or Print)	EANOR		NESE) TANESE	and the second	AND HOUR OF DEATH	100:	
	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	Where deceased lived If	institution; residence before	odmission!
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	ATIONI	UTION, GIVE STREET	C. CITY OR TOWN		53/	00
MONTE B	ello Hos	PITAL		E. STREET AND NUMBE	R	YES NO]
SEX 6	RACE	7. 44 4 DDIED	M	8461 WATE		ROAD	
F	W	WIDOWED		11-1-191-	9. AGE (In years lost birthday)	Manths Doys Hours	er 24 Hrs. Min.
OA. USUAL OCCUP. one during most of wo Homemal	rking life, even il refired)	108, KIND OF	BUSINESS OR INDUSTRY	Baltimere		12. CITIZEN OF WHAT	COUNTRY
3. FATHER'S NAME				14. MOTHER'S MAIDEN	•	USA	
	erick Denk			Hattie Me			
5. Was Deceased Every Cos. no or unknown! (III	rer in U. S. Armed Fore I yes, give war or dote:	ces? s of service!	16. SOCIAL SECURITY NO. 220-01-231	Mr. S.J.C.	stanese-846	ADDRESS	
18. 1 9 9	1		CAUSE OF DEATH		Teamere -040	APPROXIMATE !	NTERVAL
	OR CONDITION DIR	ECTLY				BETWEEN ONSET	AND DEATH
	ADING TO DEATH		(A) IMMEDIATE CAU	SE Carcino	ma he	in une	2
heart lailure, as	mean the mode of thenia, etc. It means	the disease.		CONSEQUENCE OF:			**********
injury at compli	calian which caused	death.)	Gener	lized m	etas tas es		
AN	TECEDENT CAUSES		(a) Prima	my Sile	haknow	m.	
DISEASES OR	CONDITIONS, if	any, giving		A CONSEQUENCE OF:			
UNDERLYING	abave cause (A)	stating the	(e)				
	11		(c)	***************************************			
	ANT CONDITIONS CON BUT NOT RELATED TO TH	E TERMINAL					
19A. DATE OF O	DITION GIVEN IN PART	1 (A).	VHICH OPERATION	20A. AUTOPSY? (Yes or	Noll 208 15 Yes West		
2	WAS PERF	ORMED			IN CERTIFTING CA	FINDINGS CONSIDERED	
OR CONTRIBUTION	WAS UNDERLYING DO CAUSE OF edicol examined	218, home etc.)	e, form, factory, street, off	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Baltimg	re City, give exact lacotion)	
21 D. TIME (NO OF INJURY	Manthi (Day) (Year)	Whil	INJURY OCCURRED A H Not While	21F. HOW DID I	INJURY OCCUR?		
22 1	. /// /.1. 1	Worl					
	ot (4) (this hospital) st sow the deceased		TAN 22	777		nion death accurred an	
and haur and fr	om the causes state	ed abave. (1)	(We) (did) (did not) vi	ew the bady after deat			
100	9		Atten	ding Med.	Staff C	23B, DATE SIGNED	10-
23C. PHYSICIAN'S NAME (Typol	()	Licente	M DEGREE Phys.	Med. Director BD. ADDRESS	Staff Phys.	1-22-	1970
MOHAM		NTAYA	LLAH MID	MONTEBE	- LLO HOSP	ITM RM	TIME
A. BURIAL CREMA REMOVAL (Spec	TION 248 DATE		ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C)	ty, town, or county!	(Stata)
Burial	1/26/		altimore Na		Balto.	76001567	
JAN 28 19	Wale & E	250 NAME O	AST O	Michell Park	Redefeld H	ome-6500 Yo	rk Ro
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a hospital and

M- /2/ /U UUODA	TE OF DEATH X REG. NO. 70 00864
BIRTH NO.	TE OF DEATH
(Type or Print) Ernest C. Bradfor	January 19, 1970 10 20 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution: rosidence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland Balto, 5300
INSTITUTION	Baltimore D. INSIDE CITY LIMITS?
Long Green Nursing Home	E. STREET AND NUMBER
	103 Midhurst Road
Male 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	Sept.8, 1887 9. AGE (In years II Under 1 Yr. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired J D. Lucas Printing Co.	Hindsboro, Ill.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Morris Bradford	?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) no 16. SOCIAL SECURITY No. 216-03-6751	James M. Bradford Irvington N.Y. 184 S. Buckhout St 10333
18.// CAUSE OF DEAT	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY A	la true un a set ween onset and death
LEADING TO DEATH	USE Jay
(This daes not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
injury ar complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	S A CONSEQUENCE OF:
rise to the obove couse (A) stating the	
UNDERLYING CONDITION lost. (C)	
2	1. Des Lyens
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	tunion Duare
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	[20A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (II In Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	Affice bldg., INJURY OCCUR?
21D.TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At real Not Whi	
(APPROX.) Work Al Work	
22. I certify that (1) (this becaused) ottended the deceosed fram	James 1964-10 James 4/9 1970
that (1) (we) last saw the deceased alive an service wy	19 1970 and that in (my) (and opinion death accurred on the date
and hour and from the causes stated above, (1) (did) (did t)	view the hady after death.
23A. SIGNATURE	238. DATE SIGNED
	ending Med. Shaff
Cl. Celan for a gegree Phy	
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Dr. A. Allan Spier	1501 Pentridge Rd. Balto, Md. 21212
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	
Promise 1	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL	netery Barkton, Md. ADDRESS
LAN 26 1970 Casas E. Kales MA U	Mytchell-Wiedefeld Home 6500 York Rd

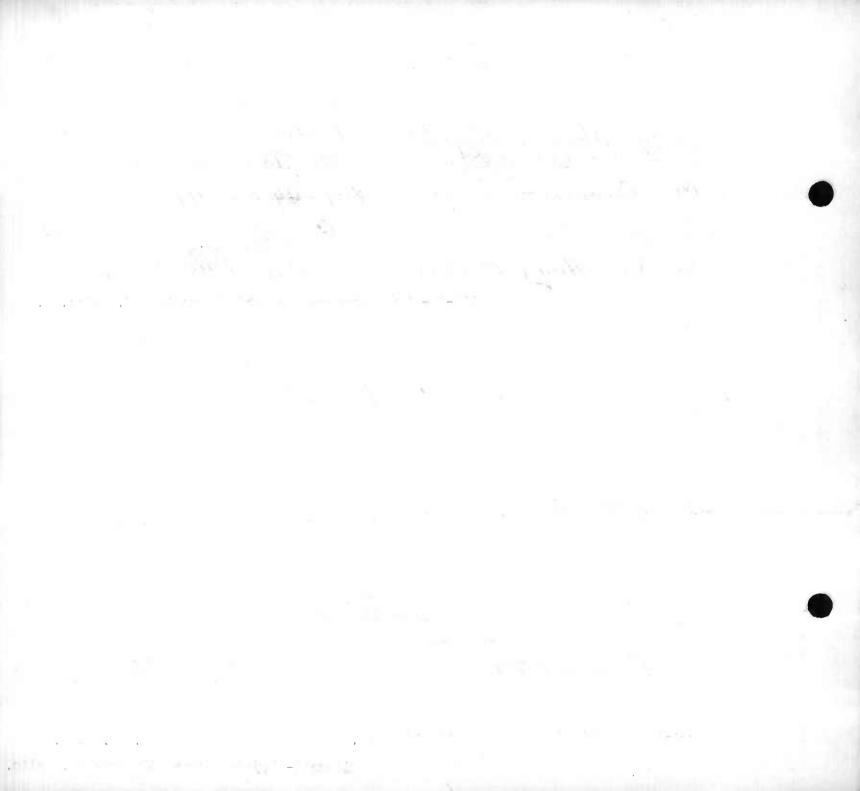
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25A. DATE REC'D'BY HEALTH DEPT.

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1/24/70

		10866	CERTIFICA	TE OF DEATH X REG. NO	70 00866
1-000					
IRTH NO.			OLICITI TO		
NAME OF DECE				2, DATE AND HOUR OF DEATH	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Mrs. Mary V	Vinter Too	hey	January 21, 1970	9:55 P.
. PLACE IN BALT	TIMORE, MARYLAND	, WHERE PRONO	UNCED DEAD	A. STATE B. COUNTY	institution: residence before admission
ULL NAME OF	(IF NOT IN HO	SPITAL OR INSTIT	UTION, GIVE STREET	Maryland Talle	0 5300
OSPITAL OR	enkins Memo		site?	C. CITY OR TOWN D. IN	SIDE CITY LIMITS?
			TOUL	Towson	YES NO
	000 Caton A			E. STREET AND NUMBER Dulancy To	wson Nursing &
/ / Ba	altimore, M	ld. 21229		Convalescent Home, 11	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	Months Doys Hours Min.
Female	White	WIDOWED		Aug. 4, 1885 84 years	Months Doys Hours Min.
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR
	working lile, even it retire	ed}		Baltimore, Maryland	USA
Housewif				14. MOTHER'S MAIDEN NAME	
Frank A.	Winter			Elizabeth Lannahan	
. Wos Deceosed	Ever in U. S. Armed	Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	yes, give war or	22.62 OL 2614106/	216-03-6297	Jenkins Memorial Hospita	al,1000 Caton Ave. imore,Md. 21229
(This does not heart failure, injury or com	E OR CONDITION LEADING TO DEA of mean the mode osthenia, etc. It me uplication which cau	TH of dying, e.g., ons the disease, sed death.)	(A) IMMEDIATE CAL	USE Myscouled Juford	ion 12 kes
(This does not heart failure, injury or com A DISEASES Orise to the	LEADING TO DEA of mean the mode osthenia, etc. It me	of dying, e.g., ons the disease, sed death.) SES if ony, giving (A) stating the	(A) IMMEDIATE CAU DUE TO, OR AS (B)		between onset and deat
(This does not heart failure, injury or com A DISEASES Orise to the	LEADING TO DEA of mean the mode osthenia, etc. It me plication which cau ANTECEDENT CAU OR CONDITIONS, or above cause (of dying, e.g., ons the disease, sed death.) SES if ony, giving (A) stating the	(A) IMMEDIATE CALL DUE TO, OR AS	USE Myscouled Juford	between onset and deat
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New Cathedral Cemetery

NAME OF REGISTRAP

25C. FUNERAL DIRECTOR Mutchell Wiedefeld Home 6500 York Rd, Balto

Maryland

ADDRESS

Baltimore,

Anstorn and Independent Language and Market Links and Market and Market Links and Market Li

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BALTIMORE CITY HEALTH DEPARTMENT

5.6 The try and the second of the IMPORTANT

FUNERAL DIRECTOR:

BIRTH NO. CERTIFICATE OF DEATH REG. NO. 70 0086	(3)
I.NAME OF DECEASED .	8
Type or Print Dash, EIMER GEORGE 2. DATE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. It institutions residence before	ndmissio
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR INSTITUTION A. STATE B. COUNTY Maryland Baltimore C. CITY OR TOWN D. INSIDE CITY LIMITS?	//
- Union usuorial tospital Baltimors YES X NO	,
4814 Libsety Heights Du	E.
6. RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 93 9. AGE (in years lost birthday) Months: Days Hours DIVORCED 05 - 15 - 25 7 10 10 10 10 10 10 10	der 24 H Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country! 12. CITIZEN OF WHAT	COUNT
Machinist REtired Maryland America	
14. MOTHER'S MAIDEN NAME	
Charles William Dasch Florence Knight	
15. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
NO Edith G. Dasch-4814 Liberty Hghts. Ave	e .
18. 3 9 5 9 1 CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY	AND DEA
LEADING TO DEATH	
heart lailure, asthenia, etc. It means the disease, injury ar camplication which caused death.) DUE TO, OR AS A CONSEQUENCE OF:	
ANTECEPENT CAMERA	
DISEASES OR CONDITIONS, if any, giving (B) Charic Carcliac failure DUE TO, OR AS A CONSEQUENCE OF	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	*********
inse to the obove cause (A) stating the UNDERLYING CONDITION lost. (c) COTTICSTENOSIC	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
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19A. DATE OF OPERATION 19B. CONDITION 19A.	*********
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21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUSY (e.g. in graphwill) C. WHERE DID.	
OR CONTRIBUTING CAUSE OF INJURY (e.g., in ar about 21 C. WHERE DID (II In Baltimare City, give exact lacation) to be contributed to the contribution of the contributi	
21D. TIME (Manth) (Dayl (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
[APPROX.I While At Not While At Work	
22. 1 certify that (1) (this haspital) attended the deceased from 12 - 26 19 65 to 1 - 21 19	70
and the deceased alive an	the da
and not the from the courses stated above (1) (We) (dld) (dld not) view the body after death.	
23A, SIGNATURE 23B, DATE SIGNED	
	7
DEGREE Phys. Director Phys. A	10
NAME (Type) WEENER MEIER	
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	(State)
The state of the s	(31016)
Diol 1 24 70 h	
Burial 1-24-70 Lorraine Cemetery Baltimore, Maryland	
D	

UMEN MEMORIAL HOLD TO 48/4 C beaty Have I. the call 11th 08 1 PA-21-20 all Retired Maryland America 32 visyo17 = 1.1 - 1.1

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and the contract of the contract Disawet Jit 12-1

1-21 12 70 12-11

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BALTIMORE CITY HEALTH DEPARTMENT 10869 4. USUAL RESIDENCE (Where deceased lived, If institution; residence befare
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES 4 NO If Under 1 Yr. Months: Doys If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? Saburton Nursing Home-3520 N. Hilton St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH will 0 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact lacation) 19 7 0 and that in(my) (a) apinion deoth occurred an the date 23 B. DATE SIGNED (City, town, or county) Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. Armacost Funeral Chapel-4600 Liberty Hts

July 1. L.

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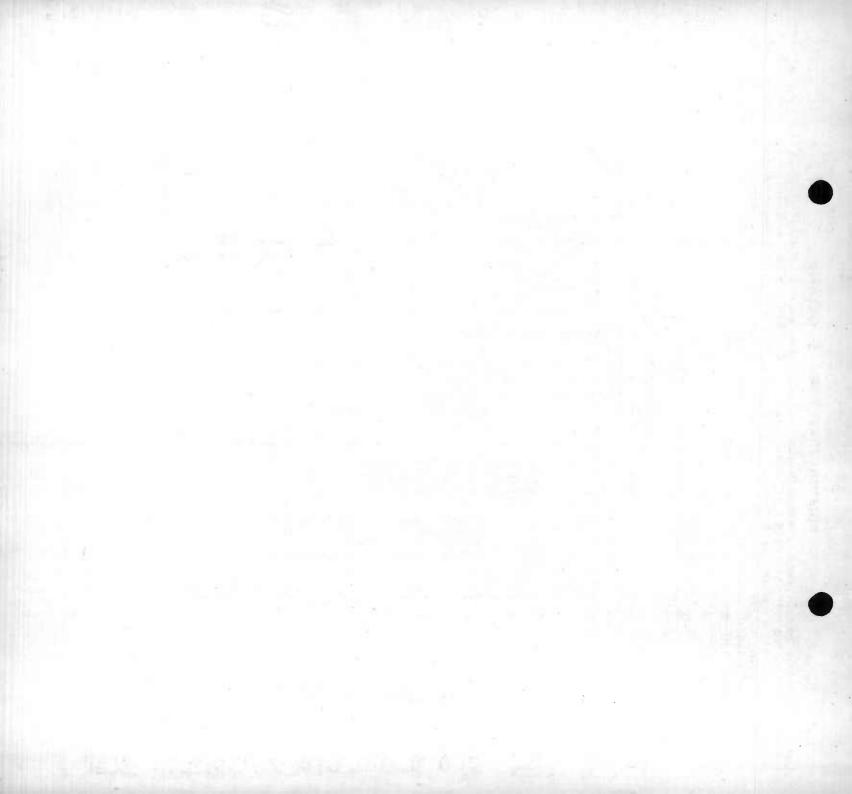
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Approved by Medical Examin	er. BALTIMORE CIT	Y HEALTH DEPARTMENT	70 00970
4-500 70 008		ATE OF DEATH	70 00870
BIRTH NO.	- OEKTITICA		
(Type or Print)	no of	2. DATE AND HOL	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where dece	0 1:25 A.M. psed lived. Il institution: residence before admission
FILL NAME OF THE NOT IN HOSPITAL OF IT	LATITUDE AND ADDRESS AND ADDRE	Md . B. COUNTY	9/00
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
-10		Baltemore	YES P NO T
40 1 1. 1 21	1:20	E. STREET AND NUMBER	
ma Teneral of	spelal	853 M Henry	St. (21230)
5. SEX 6. RACE 7. MAR		8. DATE OF BIRTH 9. AGE	(In yeers II Under 1 Yr. If Under 24 H Menths Deys Heurs Min.
MALE While WIDO		17/8/1403 1	4
done during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLA CE (Stole er foreign ceur	12. CITIZEN OF WHAT COUNT
machinist Cas	sin Cel.	(Dalto . hd .	V.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Joseph D. Zoane)		Courthia Tock	and -
5. Wes Deceased Ever in U. S. Armed Ferces? Yes, ne er unknewn) (If yes, give wer er detes ef serv	Ice) 1 6- SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Xu -	216-10-7401	m m + 1	or mathe
18. 410.9	CAUSE OF DEA	TH J	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY	1-Actite my	cardial infarction,	BETWEEN ONSET AND DEA SUDGEN
LEADING TO DEATH (This does not meen the mode of dying,	(A) IMMEDIATE CA	USE	■ =-=
heert feilure, asthenia, etc. It means the disc	ase, DUE TO, OR AS	A CONSEQUENCE OF:	
injury or complication which caused death.)	2-Arterios	elerotic C.V.D., Clas	ss II-IV 10 yrs. +
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if any, gi		A CONSTOURNCE OF STRUCTIVE	
UNDERLYING CONDITION lest.	(c) asthma	duration 10 years	+
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NC 1 Committee		70
TO THE DEATH BUT NOT RELATED TO THE TERMIN	NAL 4-Generalia	zed arteriosclerosis	, moderate 10 years.
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes er Ne) 20B.	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		NO IN C	ERTIFYING CAUSES OF DEATH?
OR CONTRACTOR OF THE PARTY OF T	21B, PLACE OF INJURY (e.g., home, form, factory, street, e	In er ebout 21C. WHERE DID	(if In Beltimere City, give exact location)
DEATH (netity medical examinet)	elc.)		
OF INJURY (Menth) (Dey) (Yeer) (Heur)	21E INJURY OCCURRED	21F. HOW DID INJURY O	CUR
(APPROX)	While At Work At Work	'° 🗆	
22. I certify that (1) (NASCHERFIEL) attend	ed the deceased fram	L950 19	to present 19
that (i) (we) last saw the deceased alive			ny) (štik) apinian death accurred an the da
and hear and from the causes stated abov			y (
23A-SQNATUJE	117 6172 6172 (1111)	The body and adding	23B. DATE SIGNED
Aldhan R.V. Ran	gle, M.D. DEGREE Phy	ending Med. Staff Director Phys.	1/23/70
23C.PHTSICIAN'S NAME (Typel		23D. ADDRESS	1/23/70
R.V. Rangle, M.D		2938 St. Paul St	reet, Baltimore, Md. 2121
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CR		
REMOVAL (Specify)	1 d. P. A	p no	- ne Trad.
25% DATE REC'D AV HEALTH DEPT. 25% NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	LIMPLY, ADDRESS
JAN 20 MAN Valent E Jan	Cay 42 0 0 0	25C. FUNERAL DIRECTOR	for Inc. I st.
/S 150-REV. 1/1/68	A Andrews () ()	100	Hours





VS 150-REV. 1/1/6B



4-250		HEALTH DEPARTMENT	1	
BIRTH NO. 70-00848 108	CERTIFICA	TE OF DEATH	REG. NO	70 008/3 /
I.NAME OF DECEASED	$n \mid n \mid$	2. DATE AN	ID HOUR OF DEATH	- 20
3. PLACE IN BALTIMORE, MARYLAND, WHERE	Hayld Aftg	A HEHAL BESIDENCE DWG	270	9 0 4
won = 2	U	A. STATE B. COUN	TY	tution: tosidence before admission
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	C. CITY OR TOWN	Mi Co.	53=00
48		C. CITY OR IOWN		E CITY LIMITS? YES NO P
maryland Ge	neral	E. STREET AND NUMBER		YES NO H
	11000	6721 Mon	derest Ro	1 21237
	- I TOTAL MARKED	DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, Ki	OWED DIVORCED	117 100 1		2 418
done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lorei	gn country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		Marylan	4	
D I I I I I I I	22	4. MOTHER'S MAIDEN NAM	AE O	
Newla Wille	m Hogen	Shody o	Lee Kon	er/
15. Wo's Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of se	rvice) 16. SOCIAL NO.	7. INFORMANT	0	ADDRESS
		mother		Semi
18. 769.41	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Brematur	17-	BETWEEN ONSET AND DEATH
This does not mean the mode of dying,	(A) IMMEDIATE CAUS	, , , , , , , , , , , , , , , , , , , ,	rug .	
hearl failure, asthenia, etc. 11 meons the di injury ar complication which caused death.	seose.	CONSEQUENCE OF:	0	
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, it any,	(B)	CONSEQUENCE OF:		*******************************
rise to the above couse (A) stating	giving DOE 10, OK AS A	CONSEQUENCE OF:		
UNDERLYING CONDITION fast.	(c)			
O THER SIGNIFICANT CONDITIONS CONTRIBU	*****			
I TO THE DEATH BUT NOT RELATED TO THE TERM	INAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		DINGS CONSIDERED
19A. DATE OF OPERATION 19R. CONDITION WAS PERFORMED		no.	IN CERTIFYING CAUSE	ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	218. PLACE OF INJURY (e.g., in home, form, foctory, street, officetc.)	or about 21 C. WHERE DID	(If In Boltimore C	lly, give exect location)
21D. TIME (Month) (Doy) (Year) (Hour				
21D.TIME (Month) (Doy) (Year) (Hour	While At Not While	21F. HOW DID INJU	IRY OCCUR?	
	Work L At Work			
22, I certify that (I) (this hospital) atten	ded the deceased from		9to	19
that (I) (we) lost sow the deceased allve	on	19and tha	t in (my) (our) opinio	n deoth occurred on the dote
and hour and from the couses stated abo	ve. (1) (We) (dld) (dld not) vie	w the body ofter deoth.		
23A. SIGNATURE				B. DATE SIGNED
Carsep	Attend Phys.	ing Med. S	hys.	1-20-70.
23C. PHYSICIAN'S NAME (Type) VALLOP	231	D. ADDRESS	Genera	l Hosp.
REMOVAL (Specify)	4C. NAME OF CEMETERY OF CREM	ATORY / 24D. LO	CATION (City, 1	lown, or county) (Stote)
10 10 10 10 10 10 10 10 10 10 10 10 10 1	Mark Hon	6/00 1/2	b.	(Stole)
25A. DATE REC'D BY HEALTH DEPT. 25B. NJ	ME OF REGISTRAR	25CLFUNERAC MARIE CONTRACTOR	M + W	14 56905
IAN 26 1970 PRACE TO	0000	MULTUAN	i service	- DCIIA,
VS 150-PEV 1/1/14	Ly A. A.	1100000		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	H-250 70 008	7/9-	HEALTH DEPARTMENT	REG. NO	70 00874 +
1/1	NAME OF DECEASED			D HOUR OF DEATH	- 0
1L	Harold Will	lan Hoga	n h. 1-2	10-70	1920 9 1
	PLACE IN BALTIMORE, MARYLAND, WHERE I	PRONOUNCED DEAD	4. USUAL RESIDENCE (Who	re decoosed lived. If in	nstitution: residence before admission)
		INSTITUTION, GIVE STREET	C. CITY OR TOWN	Belte Co	IDE CITY LIMITS?
	Maryland G	rene ral	E. STREET AND NUMBER		YES NO P
5	SEX 6. RACE 7. ALA	BRIED TI ALGUED WAREN TV	(127 AL	derest 1	4 21237
	male with the wind	RRIED NEVER MARRIED DIVORCED DIVORCED	1/20/20	9. AGE (In years lost birthday)	If Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.
4	DA. USUAL OCCUPATION (Give kind of work 108, K) one during most of working life, even if relired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lore	gn country)	12. CITIZEN OF WHAT COUNTRY?
			Mary land		
	FATHER'S NAME	-1	14. MOTHER'S MAIDEN NAM	ME	
	Herold Welliam	Hogen St.	Sintha L	u Koron	la la
l a	es,no or unknown) (If yes, give war or dates of se	rice) 6. SOCIAL	17. INFORMANT		ADDRESS
	,		nother		Same
	18. 7 6 9. 4 1	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Para	aturity	
	(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAU	SE CONSEQUENCE OF:	a con co	
	heart foilure, asthenio, etc. It means the dis injury or camplication which caused deoth.)				
	ANTECEDENT CAUSES	(p)			
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	giving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	***************************************
	UNDERLYING CONDITION last.	(c)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 [A].	IING INAL			
CERTIFICATION	19A DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes er No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
MEDICAL C	OR CONTRIBUTING TICALIST OF	21 & PLACE OF INJURY (e.g., in home, farm, factory, street, olf etc.)	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(II In Baltimor	e City, give exoci locotion)
AED	OF INJURY (Month) (Doy) (Year) (Hour	21 & INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
^	(APPROX)	While At Not While At Work			
	22. I certify that (I) (this hospital) atten-	ded the deceased from	1-20-1	9 7 O to	1-10-1971
	that (1) (we) last saw the deceased alive	on			nian death accurred an the date
	and have and from the causes stated aba	ve. (1) (We) (did) (did nat) vi	ew the bady after death.		
	23A. SIGNATURE				23B, DATE SIGNED
	Vaccop	DEGREE Phys.	ding Med. Director	Stoff D	1-20-70
	23G. PHYSICIAN'S NAME (Type)	OP	BD. ADDRESS	Genera	l Hosp.
24	A BURIAL CREMATION 248, DATE PENOVAL (Specify)	4C. NAME OF CENTETERY OF CREA	AATORY /24D. LO	CATION (CII	y, town, or county) (Stote)
25	Claimed 1-22-10	ME OF REGISTRAR	Hosphul	n. De	2/6/109
E	N 26 1970 Pole E. Jabe	MD 0 0	MORAU ARY	SERVICE .	BCHD BORESS



VS 150-REV, 1/1/68



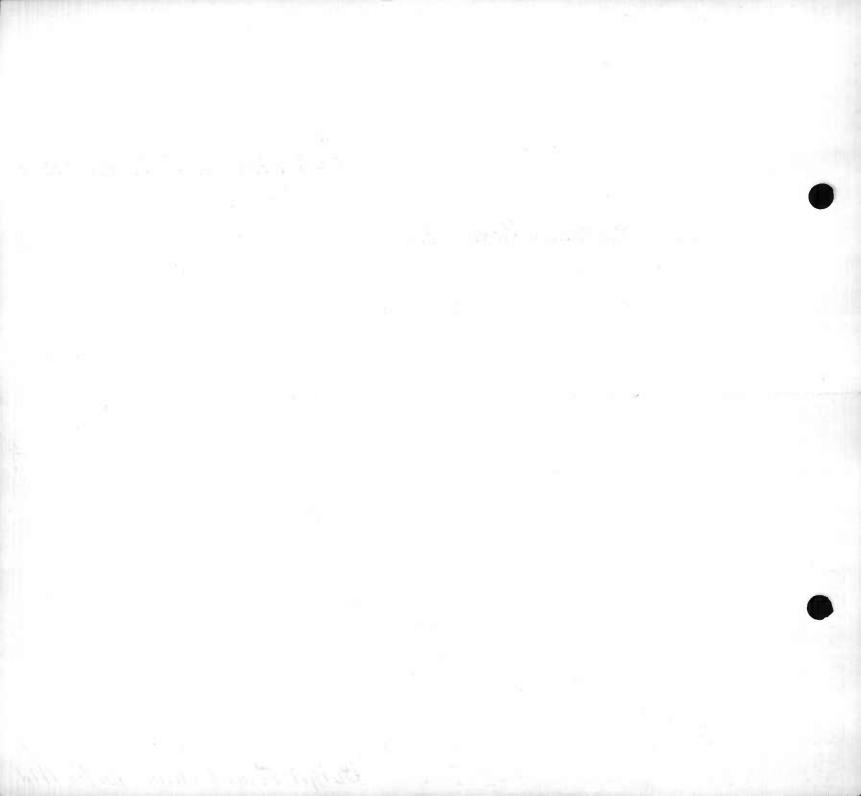
VS 150-REV. 1/1/68



16-51	12. 70	110877	DALTIMORE CIT	HEALTH DEPARTMEN	T	70 00877
	10	20011	CERTIFICA	TE OF DEAT	H REG. NO	10 30011
BIRTH NO.	CEASED		GERTII TO			
Type or Print)	4 M B A C H		- 11 AI TT		A ALLE A COLOR OF DEATH	77
2 DI ACE INI DA	ALTIMORE MARYLAND.		JoHN H.		ANHARY 20,	10 12.10 P.N
3. PLACE IN BA	CHMORE MARIEAND, V	WHERE PRONO	UNCED DEAD	A. STATE 8. C	Where deceased lived. If in OUNTY	nstitution: residence belaro admission)
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITE	UTION, GIVE STREET	Md.		2854
NOITUTITEN	ADDRESS OF FOC	A IION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	0	A	04.5.4000	BALTIMO		YES 🔀 NO 🗌
42° (N	Al Hospit	AL OF	1577 CITMUKE	E. STREET AND NUMBI	Chapelgate	Bane # 29.
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	% AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
M	W	WIDOWED		9/7/10	last birthday)	Months Doys Hours Min.
OA. USUAL OC	CUPATION (Give kind of war	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE IState of	foreign country)	12. CITIZEN OF WHAT COUNTRY
	f working life, even if retired)	Com De		2 A 2 2 A M	HUBBES	u.s.A.
Printe:		Sun Pa	pers			٧.3.7.
TAIDER 3 NA				14. MOTHER'S MAIDEN	NAME	
	John A. U	mbach			Waxweat	her
5. Wos Decease les, na or unknow	d Ever in U. S. Armed Far n) (If yes, give war ar date	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Roll	to. Md. 21229	ADDRESS
no			JECONIII NO.		_	N. Chapel GateLane
18.	0 V 1		CAUSE OF DEATE		TI OMDACII OUT	APPROXIMATE INTERVAL
DISEA	ASE OR CONDITION DI	DECTI V		Λ	٨	BETWEEN ONSET AND DEATH
Distr	LEADING TO DEATH	RECIEI		C. 1	1 . 0 . 1	
(This does	not mean the mode at	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	16 VY O 40 CK	*
heart failure	, asthenia, etc. If means mplication which caused	the disease.	DUE 10, OK AS I	A CONSEQUENCE OF:		
milory or co			0)	c 00	
	ANTECEDENT CAUSES		(8)	moyary	Emboli	
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
	he obove cause (A) IG CONDITION last	stating the	(c)			
	11		(0/			
OTHER SIGNI	II IFICANT CONDITIONS CO	NITPIRITING	1	d i	- 0	
TO THE DEA	TH BUT NOT RELATED TO T	HE TERMINAL	Anyma	and lepation	tuilure sec.	to 8 kock.
19A. DATE O	CONDITION GIVEN IN PAR F OPERATION 198 CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes o	r No. 208. IF VEC WERE	FINDINGS CONSIDERED
19A-DATE O	WAS PER	FORMED	or anythor	The state of the state of	IN CERTIFYING CA	USES OF DEATH?
21A ACCIDE	ENT WAS UNDERLYING	7 218	PLACE OF INJURY (e.g., in	or about 21 C WHERE ST		Ch. III
OR CONTRIB	UTING CAUSE OF	home	e, form, laciary, street, of			e City, give exact location)
	y medical examined	etc.)				
21D.TIME	(Manth) (Doy) (Year)		INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)		Whi	le At Work			1
22 1	a shee (1) (alte Leaster)			-/-	20 1	20 10 70
	y that (1) (this hospital			1/10		
) last saw the decease		/	19and	d that in (my) (our) opi	nian death accurred an the date
		ted abave. (1)	(We) (did) (did not) vi	lew the bady after dea	th.	
23A. SIGNAT	URE					238, DATE SIGNED
	- 1.4 Lui		Dham	nding Med.	Shaff Phys.	1/20/70
23C. PHYSICIA NAME (ANS		OF OWER.	3D. ADDRESS	- rnya	
NAME (M.D	SINAI	HOSPITAL	OF PALTIMADE
A GIISIAL CO	ANDREAS	A. P	E ISAS DEGREE			OF BALTIMORE
REMOVAL	EMATION, 248. DATE (Specily)	24C. NA	ME OF CEMETERY OF CRE	MATORY 241	D. LOCATION (Ci	ly, town, or county) (State)
Burial	Jan. 23,	1970	Lorraine Park	Cem.	Woodlawn,	Balto. Md.
	BY HEALTH DEPT.	258 NAME O	F REGISTRAR	25C. FUNERAL DIREC	TOR	223800 A
1 26 19/1	Wober E. Ja	Ben 160	/ U U U		Dalto. Md.	Z1229
S 150-REV. 1/1/	/68			GT II UIDAN S	CHASO STOT RAT	to. National Pike

O. A. A. 3 M THE STATE OF THE PARTY OF THE PARTY A SECURIOR

	BALTIMORE CITY HEALTH DEPARTMENT X REG. NO. 70 00878
	1. NAME OF DECEASED (Type or Print) MERLE W. BOUTSON 2. DATE AND HOUR, OF DEATH 1/4/70 1/4/70 1/4/70
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET A. STATE B. COUNTY B. CO
	Surveyed of Maryland E. STREET AND NUMBER
made	5. SEX 6. RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH WIDOWED DIVORCED 7 7. MARRIED DIVORCED 7 7. MARRIED NEVER MARRIED 19. AGE (In years lit Under 1 Yr., It Under 24 Hrs., Months Days Hours Min.,
tion is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stoto or foreign country) General Mill Forem on Beth Steel A St
disposition	CHARLES M ROUTS ON 14. MOTHER'S MAIDEN NAME
tinal	(Yes, no or unknown) (If yes, give wor or doles of sorvice) SECURITY NO. SECURITY NO. 21207 8186 Stort Family
ned or	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE OF DEATH (B) IMMEDIATE CAUSE OF DEATH (A) IMMEDIATE CAUSE OF DEATH (B) IMMEDIATE CAUSE OF DEATH (B) IMMEDIATE CAUSE OF DEATH (B) IMMEDIATE CAUSE OF DEATH (C) IMMEDIATE C
Bame	hearl failure, asthenia, etc. It means the disease, injury ar camplicotian which caused deoth.) ANTECEDENT CAUSES
ns are	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (8) DUE TO, OR AS A CONSEQUENCE OF: (C). (C). (C).
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
ore rue	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20A. AUTOPSYT (Vas. or No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Det	OR CONTRIBUTING CAUSE OF Contributing Cause of Contributing Cause of Contributing Cause of Contributing Cause of Contributing Cause of Contributing Cause of Contributing Cause of Contributing Cause of Contributing Cause of Contributing Cause of C
optdined	22. I certify that (1) (this basnissi) attended the decorated (1)
0	that (i) (we) last saw the deceased oilve on
approvai musi	23A. SIGNATURE M. D. Attending Med. Stoff
olddo	HARDAD J. RAPLAN M. DEGREE Unio. of Manyland Hosp.
	SA. DATE LEC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25GC FUNERAL DIRECTOR! CORULTON ADDRESS
	Burger Fonevel Home Butto Md

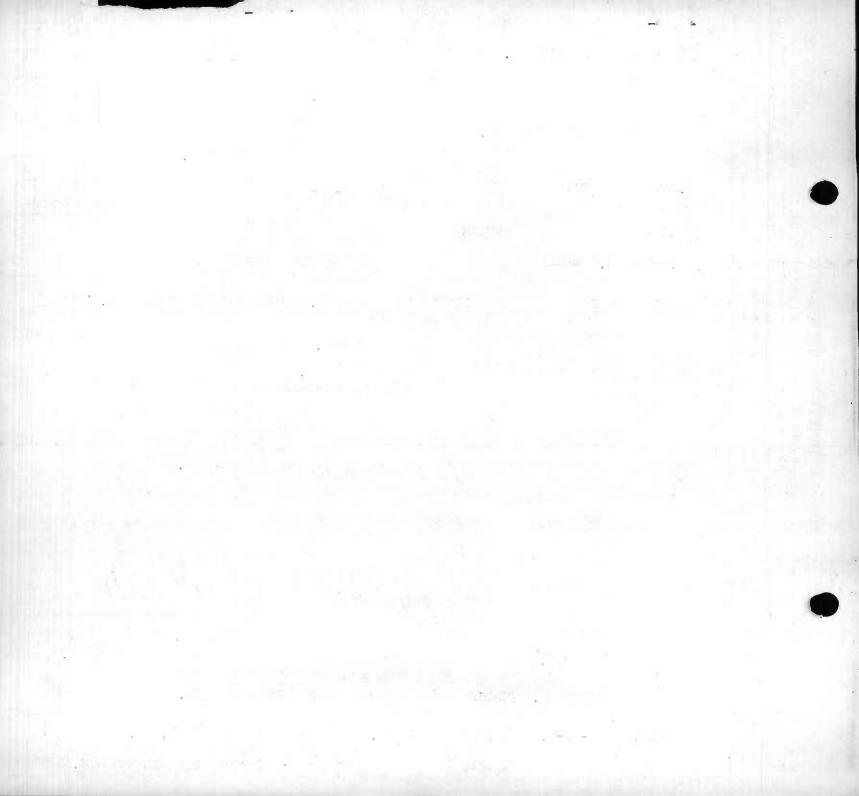


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or Inde s in		Collect
if dect waw	13.	FATHER'S N
dir di, (di ath	15.	Was Deceas
kin ded ded ina	(Tes	YES
to, if fany nced endar		1B. / DISE
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such weithen approval must be obtained before the remains are embalmed or final disposition is made.	H	(This does hearl failure injury or co
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of of of all (th);		that (I) (w
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ccident ho to c		
This certificate must be the body was released shows: (1) An accident was D.O.A. at a hospite deceased prior to death written approval must		23C. PHYSIC NAME
tific (1) W (1) A O.A.	244	BURIAL C
ws: D.C		Buria
This the showas was deco	25A	Buria DATE REC

-		43			BALTIMORE CIT	HEALTH DEPARTMEN		The maken			
BIRTH	- 52	0	70 0	11878	CERTIFICA	TE OF DEAT	H REG. NO	70 00879			
	AE OF DECE	ASED				2. DA	TE AND HOUR OF DEAT				
(Type o	or Print) (1119cm	an He	KVEY	INGOE		JAN 21.	1970 6 A M			
3. PLA	CE IN BALT	IMORE, M	ARYLAND, W	HERE PRON	OUNCED DEAD		COUNTY	institution: residence before admission)			
FULL	NAME OF	(IF NO	T IN HOSPITA	AL OR INST	TITUTION, GIVE STREET	MATTIAND	HATGOR	d Co. 6732			
	TAL OR UTION	- 1.		. 1		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?			
G			r's Gui		USE	Bel the		YES NO 🔀			
76) 5	SAltimo	E MA	PHAICT		E. STREET AND NUM	Ring Factory	bAoSi			
5. SEX		6. RACE		7. MADDIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years				
W	ALE	Whi	₹E	WIDOWE		Nov. 4, 1918	lost birthdoyl	Months Doys Hours Min.			
				10B. KIND	OF BUSINESS OR INDUSTRY		or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
-	ollectes			FRNA	NCE COMPANY	(GANS)	P?	U.S.A.			
13. FA1	THER'S NAM	1E	(DECEASE	<u>ed</u>)		14. MOTHER'S MAIDE	NNAME (DECEASE	ed)			
- 1	Deme	5 A1	EXANGE	r IN	SOE	Dixie	SAVANNAH HE	hunon			
15. Was	s Deceased	Ever in U.	S. Armed For	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT DAME	ghter) 838-9160	& WEST PETRY FACTOR ROAD			
1 4	ES	#ww	2 wor or dote	5)	215-12-4794	Mrs. Cheryl A.	REXTOTA T	BETHIR, MANITHONY 21014			
1B.	, / , -3	-2	1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL			
	DISEAS	OR COL	I IDITION DIF	ECTLY	F	reumor	ea	BETWEEN ONSET AND DEATH			
		LEADING	TO DEATH		(A) IMMEDIATE CA	USE	JSE 7				
			he mode of ic. Il meons		9., DUF TO, OR AS	A CONSEQUENCE OF:	1				
			hich caused		Cor	elul/	Montose	- 1 Wear			
	A	NTECEDE	NT CAUSES		(p)		/				
			TIONS, if		DUE TO, OR A	A CONSEQUENCE OF:	16-17 N	, was			
	se to the NDERLYING		ON lost.	sloling th	(c) all	iteroclack	- Many W	1000			
			1			W					
			DITIONS CO			hore					
▼ DIS	SEASE OR CO	NOITION	GIVEN IN PAR	T 1 (A).		120.4	N. N. OOB. 15 Mag. 1915				
ERTIFIC	A. DATE OF	OPERATIO	WAS PERI		R WHICH OPERATION	No	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?			
U 21	A. ACCIDEN	T WAS UI	ND ERLYING	2	18. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE I	DID (If in Boltim	nore City, give exact location)			
CAL	EATH (notify	TING C	Ominer)	h e	ome, form, foctory, street, (tc.)	office bldg., INJURY OCC	U R?				
ā 211	D. TIME	(Month)	Doy) (Year)	(Hour) 2	1 E. INJURY OCCURRED	21F. HOW DI	ID INJURY OCCUR?				
5 01	PPROX.)				While At . Not Wh						
22	Loortify	hat (1) (1	hic basnital		the despased fram	havel 3	1969 to	m 2/ 1970			
			the decease		(122 21	1970 .		pinian death accurred an the date			
an	d have and	fram the	causes stat	ed abave	(I) (We) (did) (did nat)						
23/	A. SIGNATUI	V		2				238. DATE SIGNED			
	/	Ma	nuel	4	eun DEGREE Ph	ending Med. Director	Stoff Phys.	1/21/70			
230	C.PHYSICIAI NAME (Ty	pe) N	ANUE	h 13	EUIN M.D.	6101 PARK	HOTS AUE. 1	3ALTO-15 140.			
241					DEGREE		~ ~ ~ ~ ~				
	URIAL CREA	pecily)			NAME of CEMETERY OF CE			(City, town, or county) (State)			
	Ipinus							-K Co. PENNSYlVANIA			
25A. D	ATE REC'D	BY HEALT	DEPT.	SB. NAMI	E OF REGISTRAR	25C. FUNERAL DIR	ANT TOSTET WIT	Strondway & ADDRESS St.			
A WAR	3 818	Artor	4m			Jacobs .	Out - From BE	I Hir Maryland 21014			

And the American productive bearing the same and the same

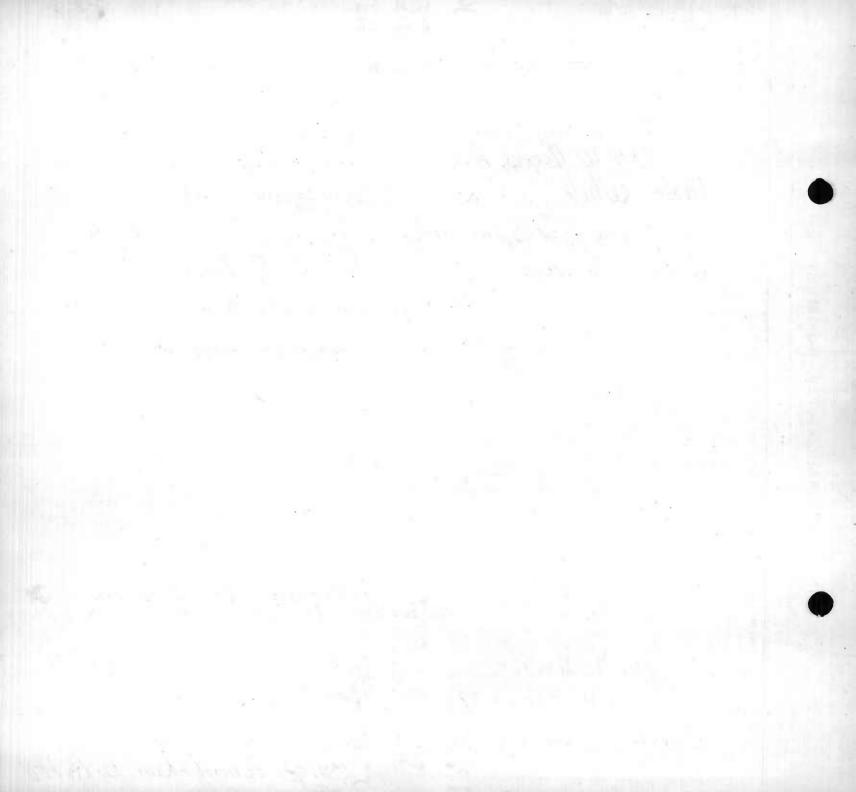
210	^			HEALTH DEPARTMENT		No.	
13-620	70	00830	CERTIFICA	TE OF DEATH	REG. NO	70 30880	
1, NAME OF DE (Type or Print)	CHESTEI CHESTEI	R N. B	URRS	2. DATE	AND HOUR OF DEATH	1	
3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONOL	JNCED DEAD			institution: residence before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				MD: 2551			
NOITUTITZNI				C. CITY OR TOWN BALT IMOR		YES NO	
00	1048 ROCKHII	LL AVE.		E. STREET AND NUMBER	R	123 110 11	
				1048 ROC	CKHILL AVE.		
SEX	6. RACE	7. MARRIED	X NEVER MARRIED	B, DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.	
MALE	WHITE	WIDOWED [DIVORCED	5-17-95	74	7410	
		108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	fareign country)	12. CITIZEN OF WHAT COUNTRY	
POLICE	f working life, even it retired) MΔ N	RETI	RED	MARYLA	AND	USA	
3. FATHER'S NA		MIL		14. MOTHER'S MAIDEN	NAME		
GEOR	GE E BURRS			LOUISE WI	CLSON		
5. Was Decease	d Ever in U. S. Armed For	ices?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
	n) (If yes, give wor or dote	es of service)	SECURITY NO.	ANDIA ME DIDDO	10/0 POOTE	TIT AVE 21220	
YES	WW I		218126920 CAUSE OF DEATH	ANNA M. BURRS	1048 ROCKH	ILL AVE. 21229	
18. /6/	. 9		CAUSE OF DEATH	11		BETWEEN ONSET AND DEATH	
DIZEX	ASE OR CONDITION DI LEADING TO DEATH	RECTLY		(A.O) 1A	Num.	8 worth	
	nol meon the mode of		(A) IMMEDIATE CAU	A CONSEQUENCE OF:	o o frage		
	, osthenio, etc. 11 meons		+				
	ANTECEDENT CAUSES		and	h helose	Osls -		
DISEASES	OR CONDITIONS, if		(B) DUE TO, OR AS	A CONSEQUENCE OF:			
rise lo t	he obove couse (A)						
UNDERLYIN	IG CONDITION lost,		(c)	***************************************			
	II IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T		Drmii	ms animi	a - Corona	rs.	
DISEASE OR	CONDITION GIVEN IN PAR	RT 1 (A).	/	20A. AUTOPSY? (Yes or		SINDINGS CONSIDERED	
19A. DATE C	OF OPERATION 198. CON WAS PER	FORMED	WHICH OPERATION	ZUA. AUTOPSY? (Tes of	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF medical examiner	21B, ham etc.)	e, larm, factory, street, at	n a about 21C. WHERE DIC ffice bldg., INJURY OCCUR	(Il in Boltimo	are City, give exact location)	
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
(APPROX.)		Whi	ile AI Not While	e 🗆 .		-	
22 1 00016	y that (1) (this haspita		-	.4.41	19 ta	23/0 19	
			A . 7 . / 2"	10	_		
	e) last saw the decease				/	pinian death accurred an the date	
	/ / / / N	ted dbave. (1) (We) (diet) (did nat) v	iew the bady after dear	th.	23B, DATE SIGNED	
230. FIGNAT	S Huch	1//	Atte	nding Med.	S toff	C.1.7-70	
rug	- Course		OEGREE Phy	s. Director	Phys.	1000	
PAME NAME	HARRY S	GIMBI	E	23D. ADDRESS 4605 EDM	ONDSON AVE.		
24A. BURIAL CR	EMATION, 248. DATE	24C. N	AME of CEMETERY OF CRI	EMATORY 24E	, LOCATION (City, town, or county) (State)	
BURIA		POPI	LAR GROVE CEM.	1204 11	COCKEYSVILLE	MD.	
	D BY HEALTH DEPT.		PE REGISTRAL				
IAN 2010	TO PRES	Table Ne	2	HOWARD H. H	UBBARD 4107 V	WILKENS AVE. 21229	
VS 150- REV 1/1	الم المراجعة الما						



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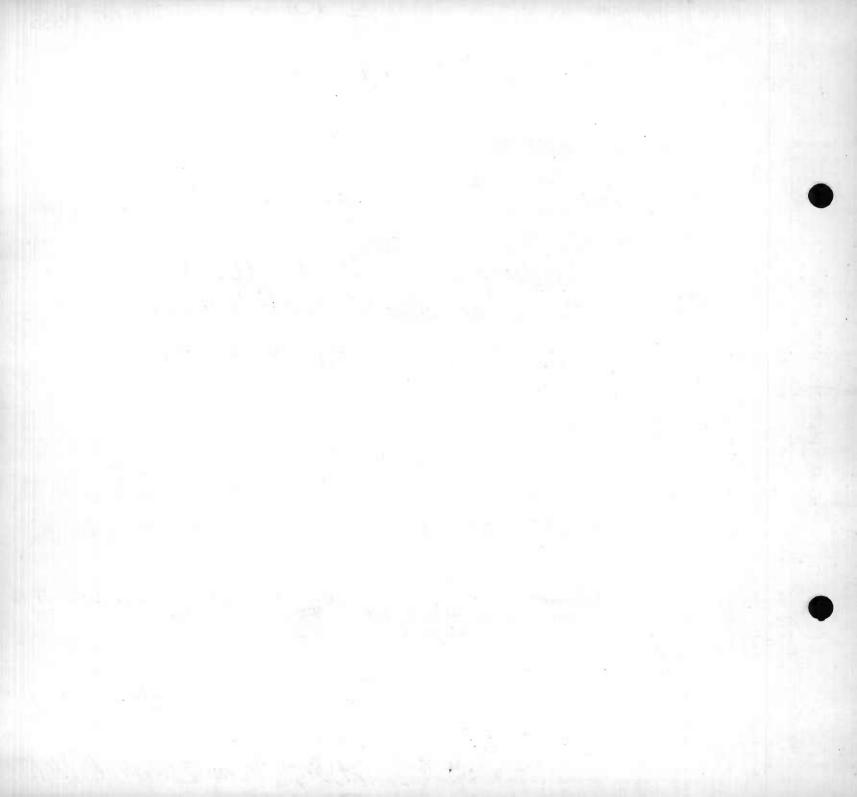
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



130

VS 150-REV. 1/1/6B



A-625	BALTIMORE CITY	HEALTH DEPARTMENT		70 00884
BIRTH NO. 70 008	CERTIFICA	TE OF DEATH	REG. NO	10 11004
I. NAME OF DECEASED	103			
(Type or Print) HARVEY E. PARSO	NS		10 HOUR OF DEATH	1 350 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	NONOUNCED DEAD	4. USUAL RESIDENCE (Whe	o deceased lived II is	nstitution: residence before admission
FULL NAME OF THE NOT IN HOSPITAL OR	Memmilmon.	MARYLAND	TY .	1 do a l
FULL NAME OF HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN		1306
44		BALTIMORE	D. INS	IDE CITY LIMITS?
UNION MEMORIAL	11600-11	E. STREET AND NUMBER		YES X NO
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	HOSPITAL	3414 HICK	DRY AVE.	
S. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un years	If Under 1 Yr. If Under 24 Hrs Months! Doys Hours Min.
M WIDO		12/19/95	lost birthdoyl 74	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, KIN lone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BURTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
	chinery Mfax	Mi		1150
3. FATHER'S NAME	chinery Tirgy	14. MOTHER'S MAIDEN NAM	AF	03-1
JAMES E PARCINIC				
S. Was Deceased From In 11 5 Armed From 2	1 6. SOCIAL	FLORENCE	STU P	
es, no prunknown) (If yos, give wor or dotos of sen	SECURITY NO.	17. INFORMANT		ADDRESS
NKNOWN	22005 525	7 MRS. FLORENCE	B. PARSO	INS 3414 HICKORY AVE
18. 412,41	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		10	1 0	BETWEEN ONSET AND DEATH
(This does not meon the mode of dying,	(A) IMMEDIATE CAU	E Respiratory	Lailung	?_
heart failure, osthenia, etc. It means the disc injury or camplication which caused death.)	ease.	CONSEQUENCE OF:	//	
		due to pulmo	nary emp	hysana
ANTECEDENT CAUSES		La Cana	515	
DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:		
UNDERLYING CONDITION lost	(c) are	Eriosclesotic	Cardio-u	16scular
11		The state of the s	descare.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMII DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	NG		/	K a
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	*****************	- 10000	
19A-DATE OF OPERATION 19B CONDITION 9 WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE F	INDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING	218 81 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi	or obout 21C. WHERE DID	(if in Bolimore	City, give exact location)
con though medical examined	etc.)			
21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Work At Work			
22. I certify that (I) (this hospital) attend		9 /	70to/	122 1970
that (i) (we) lost sow the deceased olive	on 1/22	000 0		
ond hour and from the couses stoted obav			t in (my) (ont) obtu	ion deoth accurred on the date
23A- SIGNATURE	de Challage (ala nat) Al-	ew the bady after death.		
Chance of Leddy	M.D Atten	ding Med. 7		23R, DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phys.	Director L P	hys.	
NAME (Type)		D. ADDRESS	" A 11	+ Battimore
A SUBJAL COSAAATION IN INC.	DEGREE	Union Memor	rat rospe	ray menuland
A BURIAL CREMATION, 248, DATE 240	NAME of CEMETERY OF CREA	AATORY 24D. LO	CATION (City	(, town, or county) (Stole)
BUV12/ 1-26-70 /	oudani Porti	Cons B	, 16 M	1 21218.
A. DATE NEC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	2SC EUNERAL DIRECTOR	W170 1110	A DDRES\$ /
ANZE TAN RECENTAGE	A.D.	HINNED E	nevel Ho	me 13.14 M
150-REV. 1/1/68		10.00	1.0101 170	1111 00120 1111

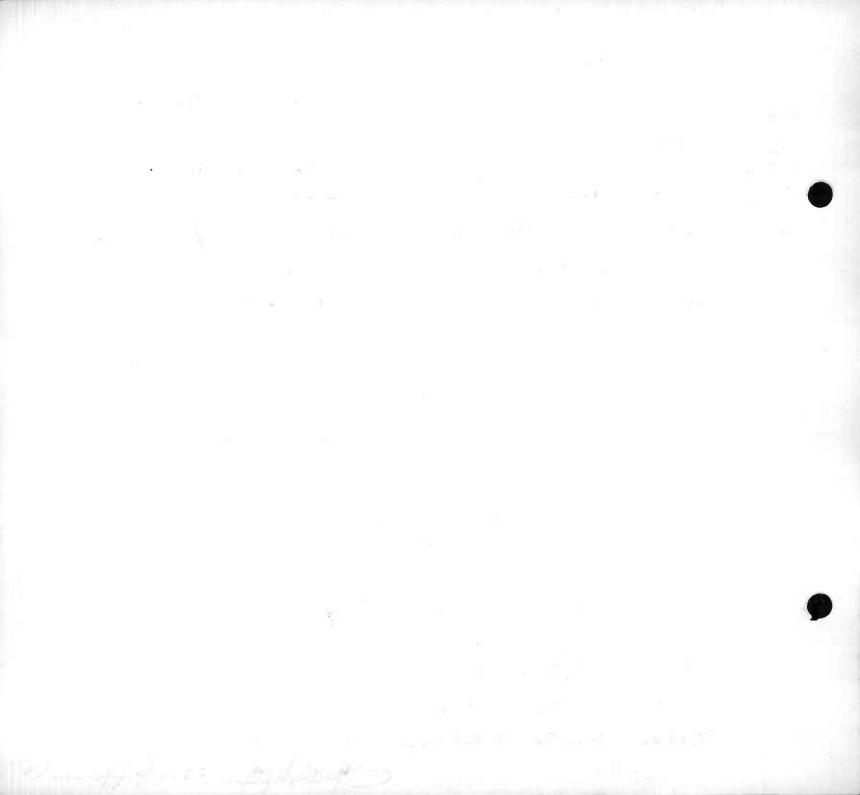
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W.

K.

100

J-520 70 11885 BALTIMORE CI	TY HEALTH DEPARTMENT	70 0005
CEDTIEIC	ATE OF DEATH REG. NO.	70 00885
BIRTH NO.	AIL OI DLAIN	
(Type or Print)	2. DATE AND HOUR OF DEATH	25
MILDRED E. Johes	January 22 19°	70 130 D
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in.	stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET		50. 5201
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN	2000
	BALTIMORE	DE CITY LIMITS?
33THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER	YES NO
5. SEX 6. RACE 7. 44 6 PRICE VI ALCOURT	229 A. ENGELBERTH RI	
MAKKIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years lost birthday)	Months Doys Hours Min.
	11 12-5-17 1 52	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI done during most of working lile, even if retired)	Y 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTR
SEAMSTRESS TAILORING	MARYLAND	U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.5.17.
- SMOLEK	PAULINE -	
5. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	MAURICE E. JONES	
120	2	
CAUSE OF BEA	TH .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
(A)IMMEDIATE CA	USE Adenocarcinoma Breast 21	letas ases 5 years.
heart failute, ashenio, etc. It means the disease	A CONSEQUENCE OF:	The state of the s
injury of camplication which coused death.)	514	
ANTECEDENT CAUSES Riled	our O planna O medical	81.57
DISEASES OR CONDITIONS, il ony, giving DUE TO, OR A	level pleural offusions 5 A CONSEDUENCE OF:	8 months
legen to the above that the state of		71
UNDERLYING CONDITION last. (c) Bild	teral premothraces.	3 days
, II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		1
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED
ELTED 19(0b) 1 (R) Vaction D Mac stood a land	IN CERTIFYING CAU	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	or obout 21 C. WHERE DID #11 to Rollman	City, give exact location)
DEATH (notify medical examines) home, form, factory, street, etc.)	fice bidge fNJURY OCCUR?	
S. Hisoki	215. HOW DID INJURY OCCUR?	
IAPPROXI While At Work At Work		
22. I certify that (I) (this hospital) attended the deceased from	19 1970 to 1/2	2 70
that (I) (we) lost sow the deceased alive on 1/22	740	oragenessessessessessesses I / meli-believes
	19 00 ond that in (my) our opini	on deoth occurred on the dote
and hour and from the causes stated above. (1) (We) (did) (did not)	view the body ofter deoth.	
23A. SIGNATURE		3R. DATE SIGNED
Seron on Farker M. D DEGREE Phy	ending Med. Staff Director Phys.	1 2 2 72
22C BUYELCIAANS	23D. ADDRESS	1 22 70
		10
LEROY M. PARKER M.D. DEGREE	Johns Hopkins Hosp	May.
A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE		town, or county) (Stote)
BURIAL 1-26-70 BALTIMORE	(EM. BALTO.,)	A
		And the second s
SA. DATE REC'D BY HEALTH DERT. 258, NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS OF
	Jantley 1400 - 2334	Jefferson &
\$ 150-REV. 1/1/68		



IMPORTANT

DIRECTOR:

FUNERAL

š. E 4...

VS 150-REV. 1/1/68

NO

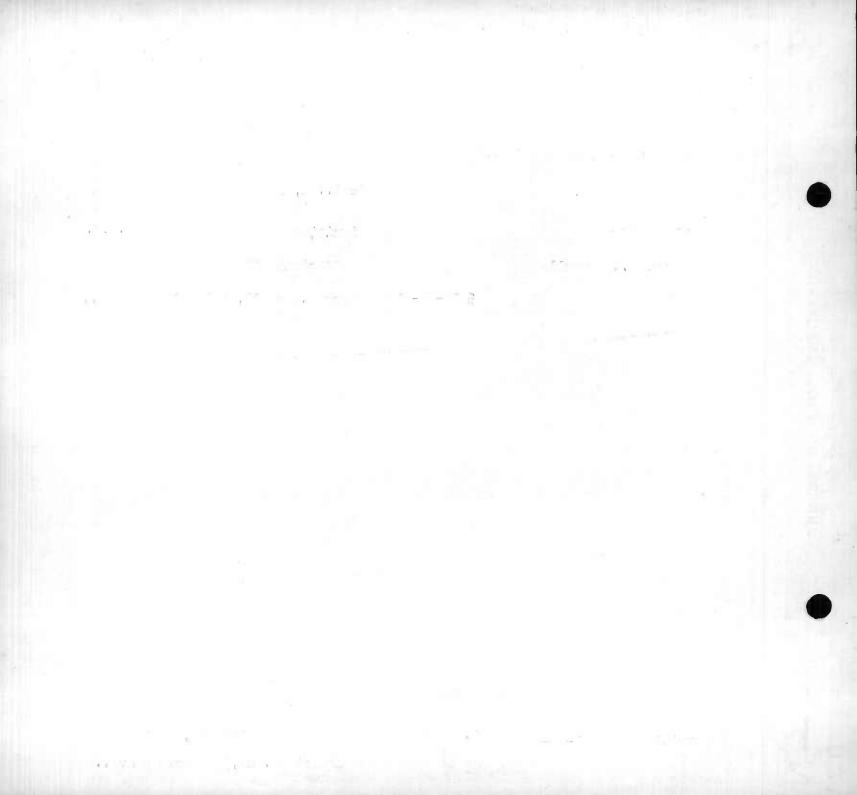
ADDRESS

APPROXIMATE INTERVAL

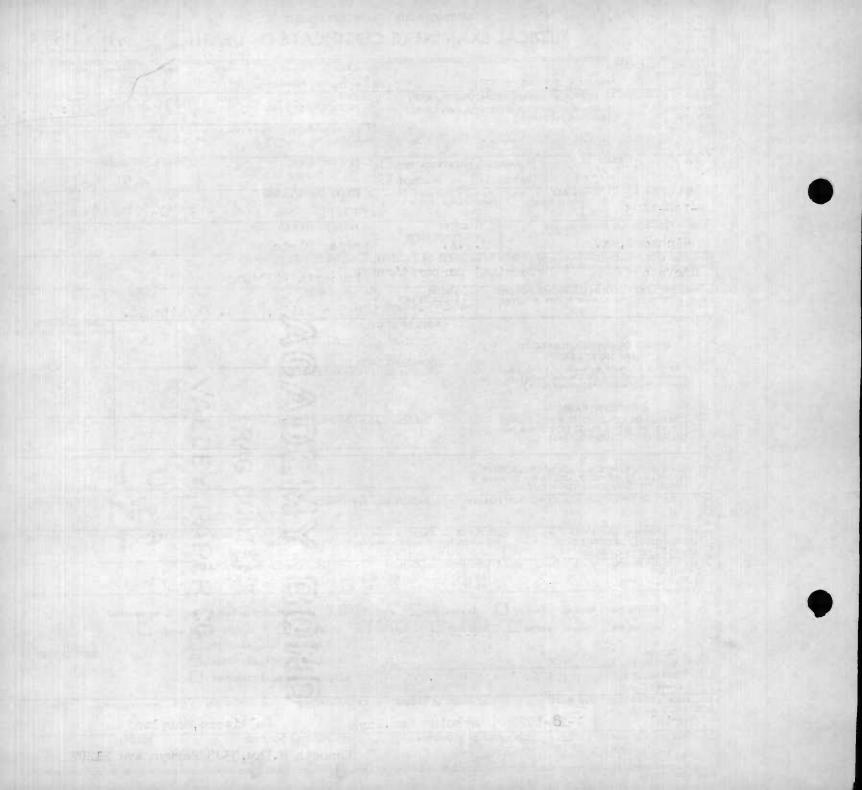
BETWEEN ONSET AND DEATH

ADDRESS

If Under 24 Hrs.

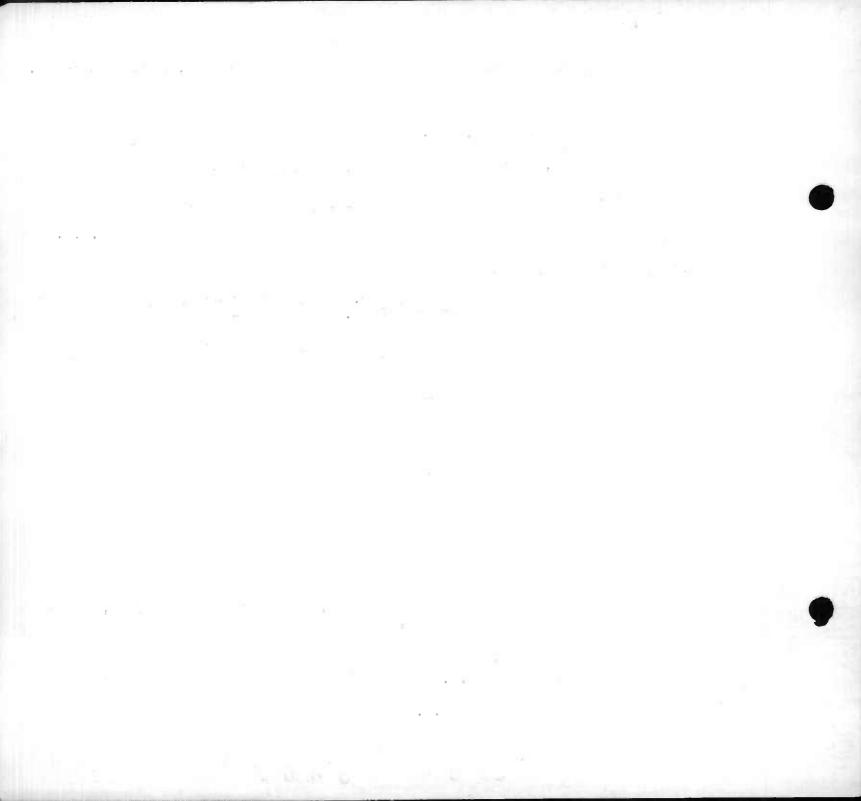


7	MEDICAL EX		CERTIFICATE	OF DEAT	H	70	00888
				Lateral Ma	REG. NO		
(Ty	NAME OF DECEASED Po or Print) DOLIETT E ETETCHED		2. DATE Known OF DEATH Estimate		Day	Year	Hour
4.	POWELL E. FLETCHER PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	3. DATE		-	.,	, A
FU	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION SPITAL OR DOCUMENT OF ADDRESS OR LOCATION)	PRONOUNCED DEA	Dallaal	,		11:55 P.	
3	5 CHURCH HOME AND HOSPITAL		5. USUAL RESIDENCE A. STATE Maryla		ed. If Institution B. COUNTY	residence b	efare admission)
6.	SEX 7. RACE 8. MARRIED	NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CI	Y WMITS?	
	Male Negro WIDOWED	DIVORCED K	Baltimore		VE	s 🗓 ı	по П
	DATE OF BIRTH 10.AGE (In years If Under Months 10.4 Mo	Days . Hours . Min.	E. STREET AND NUME Marine Hotel	777			
11.		ZEN OF AT COUNTRY?	13. FATHER'S NAME Rodney Fleto	her			A TOTAL STREET
144	USUAL OCCUPATION (Give kind of work) 48, KIND OF RU		15. MOTHER'S MAIDEN	NAME			
dan	Stevedore Terminal	Corporation	Missouria Wi				
16. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? ,na ar unknown) (Il yes, give war or dates af service)	SOCIAL SECURITY NO.	18. INFORMANT		AD	DRESS	
	No 2	14-01-1855	Evelyn Smith	.774 W. F	avette 9	+	
	19.	CAUSE OF DEAT	н	777	aye over L	APP	ROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		rebral Injur	ies		BETWE	EEN ONSET AND DEAT
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease.	(A) IMMEDIATE C.	AUSE S A CONSEQUENCE OF:				
	injury ar complication which coused death.)						
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	(B) DUE TO, OR A	S A CONSEQUENCE OF				
Z	UNDERLYING CONDITION LAST.	(c)					
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
CERT	20A. DATE OF OPERATION 20B. CONDITION FOR WH	IICH OPERATION WAS	S PERFORMED				SY? (Yes or No)
₹	22A. EXTERNAL CAUSE WAS 228, PLA	CE OF INJURY(e.g., I	n ar obout 22C. WHERE	DID /II to Boltimore	City also asset		
MEDIC	UTING CAUSE OF DEATH.	Factory	Termin	οκ? al Warehoι	1se 40	location)	
	OF INJURY (APPROX.) 1 10 70 TIME		VHILE TO THE STATE OF	walked int		lift	
1	23.						
		dent XX Suicide		on this basis, d	_		
	Acet	deut to a			ed manner _		
	ACTUAL / huld MV	1.11		CAL EXAMINER [<u></u>	D	ATE SIGNED
	SIGNATURE EXAMINER'S Ronald N. Kornbl	um, M.D.	ASSISTANT MEDI		<u>x</u>	1/24/7	
244	NAME (Type) BURIAL CREMATION, 24B. DATE 24C. N	IAME of CEMETERY o		24D, LOCATION	(City, town,	ac caunty)	(Stote)
	Burial 1-28-1970 A1	rbutus Mem.P		Baltimore			(31018)
254	DATE REC'D BY HEALTH DEPT, 258- NAME OF		25C. FUNERAL DI		-	DRESS	
1	BN 25 1970 Robert E Valley M.	A D D	Kenneth H.				207
VS 1	51-REV. 1/1/68		. 0 0 0	d.			

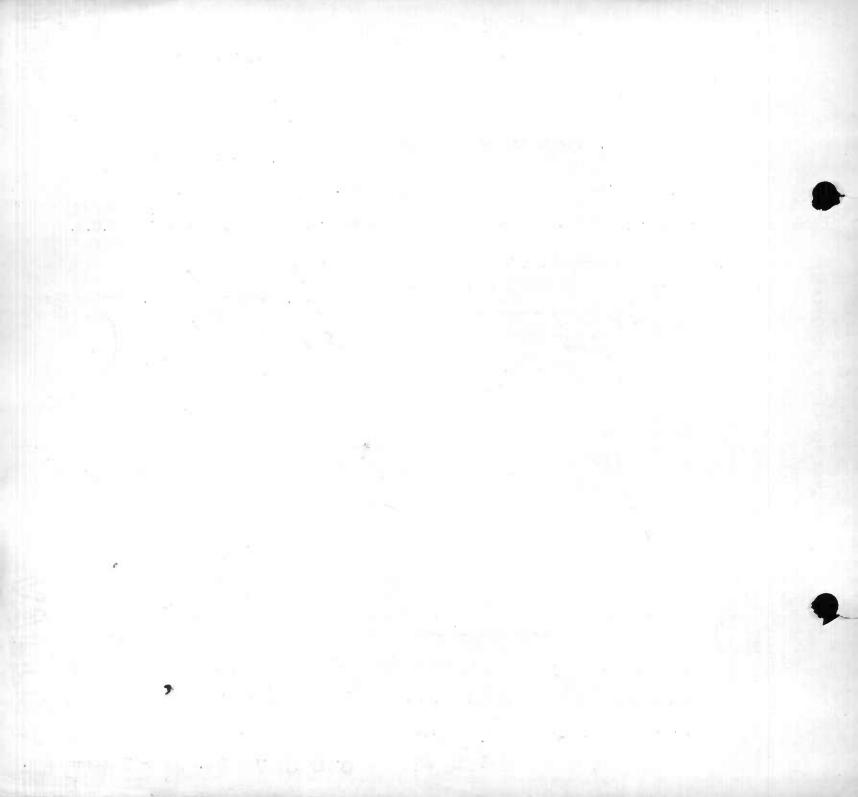


2.53	0 70	30000	BALTIMORE CIT	Y HEALTH DEPART	MENT	711	00889	
BIRTH NO.		10889	CERTIFICA	TE OF DEA	ATH REG. NO.	10	117000	
1. NAME OF DE (Type at Print) BENI	NETT ISTA	И		2.	DATE AND HOUR DE DEAT	TH I	7 30	- 4
3. PLACE IN BA	ALTIMORE MARYLAND, W	HERE PRONO	DUNCED DEAD	4. USUAL RESIDEN	ICE (Where doceosed lived, i	f institutions resi	denco befaro a	dmis sia
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTITATION)	TUTION, GIVE STREET	Mary Land		NSIDE CITY LIM	278	18
BATIMO	RE City Has	PITALS		Baltimor		YES TO	No []	
/	astern Avenue,	Baltimo	ore,Md.21224	E. STREET AND NO.		21215		
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B, DATE OF BIRTH	9. AGE (In yours	tf Under 1 Months! D	Yr Il Unde	r 24 Hi
Male	Negro	WIDOWED	DIVORCED	3-5-1924	last birthday)	5 Months D	oys Hours	Min.
one during most o	CUPATION (Give kind of work if working life, even if retired) OR FR	FERT	F BUSINESS OR INDUSTRY ILIZER FACTO		to or lareign country) TH CAROLINA		N DEWHAT C	DUNT
3. FATHER'S NA				14. MDTHER'S MAI		0	S A	
JACI	K BENNETT			TV CT A TATE		+		
5. Was Decease	d Ever in U. S. Armed Form) (II yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		A	DDRESS	
yes	W W 2	J 01 10111CG		Record : BCH_	-4940 Eastern A	venue	21224	
18. // /	9		CAUSE OF DEAT	H			APPROXIMATE IN	TERVAL
DISEA	SE OR CONDITION DIS	ECTLY		m .	propessed to	BET	WEEN ONSET A	ND DEA
(This does	LEADING TO DEATH not meen the made of	duing on	(A) IMMEDIATE CAU	se I ermun	ico melana uc			
I near tailure.	. asibenia, etc. Il means	the disease	DUE TO, OR AS	A CONSEQUENCE OF:	Al marked	Hora		
tufork or cor	mplication which caused	death.)	eary	gen ca,	Theyante	A CONTRACTOR		
DISEASES	ANTECEDENT CAUSES		(B) Jange	une of	Cavel exte	lemin.		1
rise la th	OR CONDITIONS, if a ne abave cause (A) G CONDITION last	slating the	(c)	A CONSEQUENCE OF	to premiers	4!		
= ITO THE DEA	FICANT CONDITIONS CONTINUES TO THE	E TERMINIAL		sed dry	gangarene	of		
19A. DATE OF	F OPERATION OF THE CONTROL OF THE CO	DITION FOR Y	WHICH OPERATION	20A. AUTOPST? (Y	es or No) 20B, IF YES, WER	E FINDINGS CO	ONSIDERED	ES
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF modical examined	21 B. hom etc.l	PLACE OF INJURY (e.g., ir e, farm, factory, street, oli	or obout 21 C. WHERE	E DID (II in Boltim	oro City, give e	xact location)	
21D. TIME	(Month) (Doy) (Tear)	(Houd 21E	INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?			
(APPROXI		Whi	ile At Not While		DID MOOK! OCOOK!			
22. I certify	that NO (this bosnital)	Wor	rk At Work		***************************************	00		-
1	last saw the decease				19 70_10_1/	22		70
	•		(We) (did) (did pot) vi	19	and that in (and) (aur) of	Jinian death a	accurred an t	he dat
23A. SIGNATU	JRE COURT THE COURSES STORY	d dbdve. K	((ue) (aid) (aid) (b)	ew the bady after	death.	23B, DATE S	ICALED	
Mahe	li Saldara	ti'	M. D. Atter	iding Med.	Stoff (5C)	1/2	2 /70	
23C. PHYSICIA NAME (T		Sarkara	DEGREE Phys.	3D. ADDRESS	r Stoff Phys	1/6	-//-	
MAME		to M	104	- 4 4	N'Avenue Baltin	more Was	uland 21	224
A. BURIAL CRE			ME of CEMETERY of CRES	MATORY etry		City, town, or co		L224 State)
			OF REGISTRAR	25C. FUNERAL DI			ADDRESS	
AN 26 19	10 Robert E.	alber M	(2) () ()	A 0 0	2 6		ADDRESS	
150-REV. 1/1/	68	-		THE INST	Head 1206 W	north	Ave	



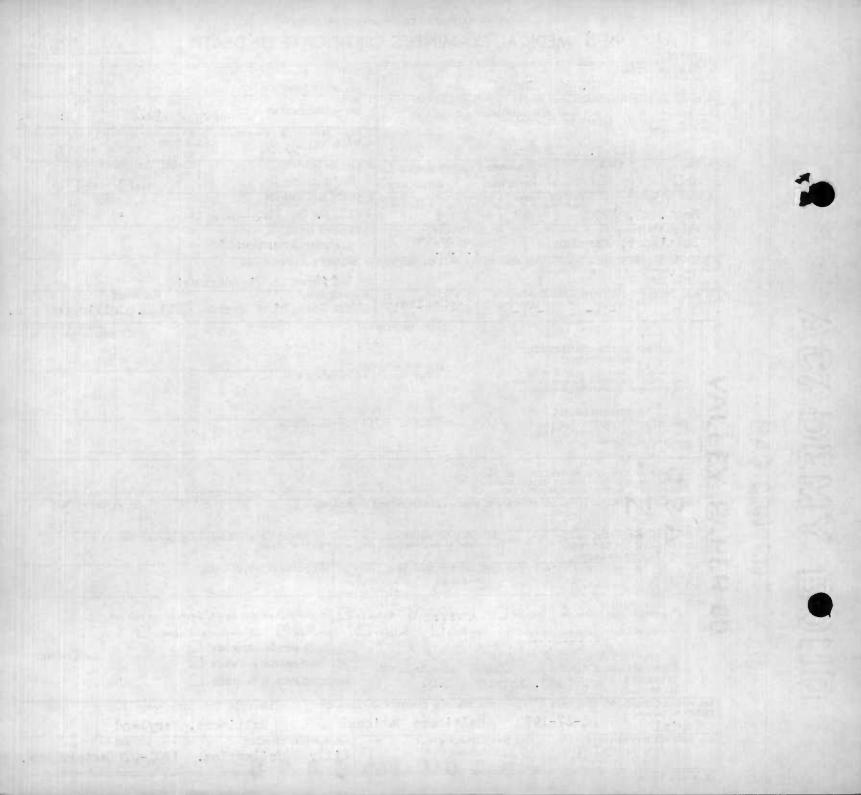


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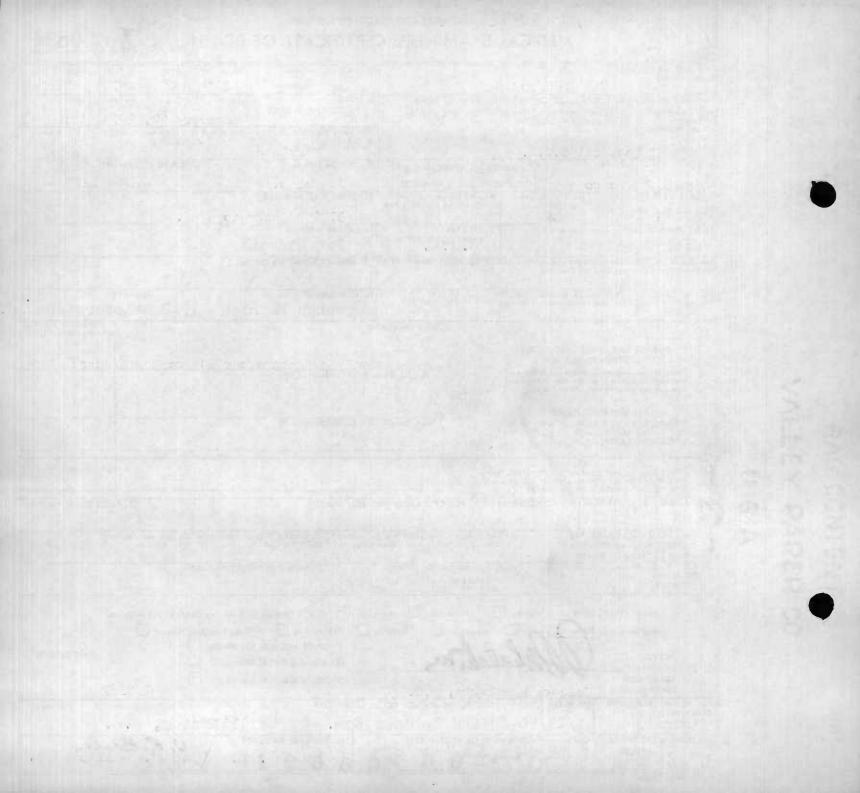


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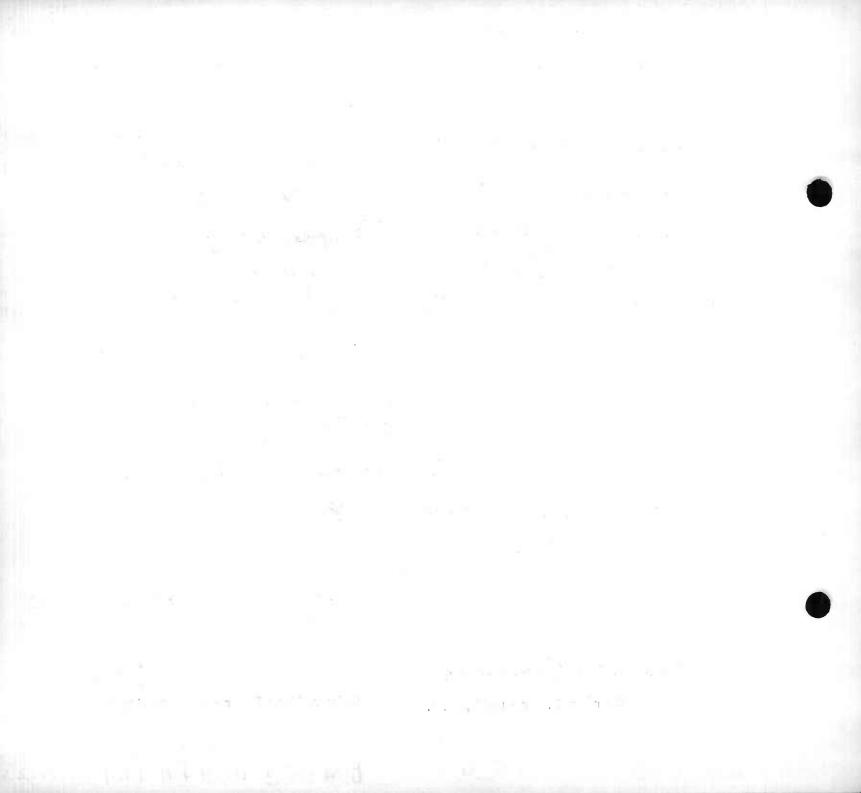
70 00893 MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO. 70 010893
. NAME OF DECEASED	No DAYE & CO
JAMES F. ANUSZEWSKI	2. DATE Known Month Day Year Hour OF DEATH Estimated M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD January 23,1970 5:30 P. M. S. USUAL RESIDENCE (Where deceased lived, if Institution; residence before admission)
(12 0 0 11)	II A STATE D COUNTY
413 S. Collington Street (DOA)	Maryland 105
MAKKIED LI NEVEK MARRIED L	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES NO
Sept. 23, 1900 II. AGE (In years last birthdoy) S9 If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.	E. STREET AND NUMBER 413 S. Collington Street aul
1. BIRTHPLACE (State or loreign country) Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.	Andrew Anuszewski
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even II retired)	15. MOTHER'S MAIDEN NAME
Retired	Antionette Wienckowski
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
Yes no or unknown) (11 yes, give war or doles of service) 215 CUBY 3917	Mrs Josephine Myers 413 S. Collington Ave.
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Pulmon.	ary Tuberculosis
LEADING TO DEATH	
(This does not mean the mode of dylng, e.g., heart lailure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANITECEDENIT CANCEC	
DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED [21. AUTOPSY? (Yes or No)
	no
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or about 22C, WHERE DID (If In Boltimore City, give exact location)
UNDERLYING OR CONTRIB. home, form, loctory, street, office UTING CAUSE OF DEATH.	bidg., etc.) INJURY OCCUR?
OF INJURY (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED.	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT AT W	WHILE
23.	
I certify that I held on Inquiry Inspection X Aut	opsy and that on this basis, death in my opinion
resulted from: Natural couses X Accident Suicid	e Homicide Undetermined manner
1 1 1 1 1	CHIEF MEDICAL EXAMINER
SIGNATURE MES White	ASSISTANT MEDICAL EXAMINER
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 1/24/70
4A. BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
EMOVAL (Specify) Burial 1-27-1970 Baltimore Nat.	
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	The state of the s
IAN 26 1970 Rober E. Jaber, M.D.	25C. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler Inc. 1901-07 Eastern Ave.
WANTED TO CO	O O O O O O O O O O O O O O O O O O O



VS 151-REV, 3/1/68



VS 150-REV. 1/1/68



5-416 701-	11896 BALTIMORE CITY HE		
BIRTH NC. 69-0556	DICAL EXAMINER'S	CERTIFICATE OF DEATH	REG. NO. 70 110896
I. NAME OF DECEASED (Type or Print) JOHN GALBR	EATH, JR.	2. DATE Known Month	Doy Year Hour
4. PLACE IN BALTIMORE, MARYLAND.		DEATH Estimated	м.
FULL NAME OF (IF NOT IN HOSP HOSPITAL ADDRESS OR LOG	ITAL OR INSTITUTION, GIVE STREET		24,1970 Year Hour 4:15 P. _{M.}
OR INSTITUTION LUTHERAN HOSP	ITAL	5. USUAL RESIDENCE (Where deceased lived A. STATE Maryland B.	d. If institution; residence before odmission) COUNTY
6. SEX 7. RACE	8. MARRIED NEVER MARRIED		D. INSIDE CITY LIMITS?
Male Negro	WIDOWED DIVORCED	Baltimore	
9. DATE OF BIRTH 10.AGE	(in years If Under 1 Yr. II Under 24 Hrs.	E. STREET AND NUMBER	YES NO
March 26, 1969 lost birtho	Months, Days, Haurs, Min.	2903 Springhill	
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	13. FATHER'S NAME	
Baltimore, Maryland		KXXXXX Galbreath, Jo	hn E.
14A.USUAL OCCUPATION (Give kind al wor	1148 KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
done during mast of warking life, even il retired		Eloise Galbreath	
16. WAS DECEASED EVER IN U.S. ARMI (Yes, na or unknown) (II yes, give wor or dole	ED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS
No.	- O-	Mr. John E. Galbreath	2902 Springhill Aven
19. 5	CAUSE OF DEA	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY Cranio	cerebral Injuries	DETWEEN CHOSES AND DEATH
LEADING TO DEATH	/ANIMMEDIATE C		
(This does not mean the mode of a heart loilure, osthenia, etc. It means the injury or camplication which caused do	ving, e.g., DUETO OR	S A CONSEQUENCE OF:	
injury or camplication which caused d	eath.)		
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, IF AN	NY, GIVING DUE TO, OR A	AS A CONSEQUENCE OF:	
1 UNDEKLYING CONDITION LAST.	(c)		
E 11			
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN 20A. DATE OF OPERATION 20B. CO	O THE TERMINAL PART 1 (A).	***************************************	
20A. DATE OF OPERATION 20B. CO	NDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes ar Na)
			yes
22A. EXTERNAL CAUSE WAS UNDERLYING NOR CONTRIB.	22B. PLACE OF INJURY (e.g.,	in ar obaut 22C, WHERE DID (If in Baltimare Cobldg., etc.) INJURY OCCUR?	City, give exact lacation)
UTING CAUSE OF DEATH	Street		at intersection of
Z 22D. TIME (Month) (Day) (Yes	ar) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	0'Ca1a
(APPROX.) 1-24-70	4:00 Pm. WHILE AT NOT AT W	Passenger in auto	
23.		opsy 🔀 and that on this basis, de	
resulted from: Hytural ca			
	Accident La Soleio	Homicide Undetermine	
ACTUAL SIGNATURE	Ulland I	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION	(City, tawn, ar county) (State)
Burial 1-28	-70 Arbutus Mem	orial Park Baltimo	
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN 26 1970 Bleet	E Tables 400 0	MORTON & DYETT F.H	
VS 151-REV. 1/1/68			

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tract covered to 170 learns tract

FUNERAL DIRECTOR:

B-U	153	3 80000	BALTIMORE CITY	HEALTH DEPARTMENT	70 / 100
BIRTH NO.		J 9089	CERTIFICA	TE OF DEATH REG. N	o. /U UU897
1. NAME OF I (Type or Print)	DECEASED	diNE E	RITINA	2. DATE AND HOUR OF D	EATH
3. PLACE IN	BALTIMORE MARYLAND	, WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (Where deceased live	de Il institutions residence before admission
FULL NAME			TUTION, GIVE STREET	A. STATE B. COUNTY	1 / C
HOSPITAL OR	ADDRESS OR LO	OCATIONI	OHON, GIVE STREET	Maryland In C. CITY OR TOWN	. INSIDE CITY LIMITS?
				Baltimore	YES X NO
3 The	Johns Hopki	ins Host	oital	E. STREET AND NUMBER	
. SEX	l6. RACE			733 Grantley Stre	
Femal		WIDOWED		3/9/37 lost birthdoy) 3	S If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA, USUAL O	CCUPATION (Give kind of v t of working life, even if retire	work 10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY
Secre	etary			Rocky Mount, N.C.	U.S.A.
FATHER'S				14. MOTHER'S MAIDEN NAME	
	sse Harrisc			Bertha Hedgepeth	
. Wos Docoa os, no or unkno	sed Ever in U. S. Armod own) (If yes, give wor or d	Forces? dotes of sorvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.	/ -		216-34-3132	Mr. Ralph B. Bland 73	3 Grantley Street
18. 44	+6, X1		CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGN	ANTECEDENT CAUS OR CONDITIONS, is the abave cause (A ing CONDITION last. II NIFICANT CONDITIONS CEATH BUT NOT RELATED TO RECORD IN PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF THE PROCESSION OF T	if any, giving A) staling the CONTRIBUTING THE TERMINAL	(B) DUE TO, OR AS	A CONSEQUENCE OF:	
	OF OPERATION 198. CO	ONDITION FOR	WHICH OPERATION	20A-AUTOPSY? (Yes or No) 20B, IF YES, WIN CERTIFYING	VERE FINDINGS CONSIDERED 3 CAUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING USUTING CAUSE OF tify medical examined	21 B hom etc.	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or obout 21 C. WHERE DID (If In Bo	YES
21 D. TIME OF INJURY	(Month) (Doy) (You		INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)		Wh	ile At Work		A
22. I certi	ify that (1) (this hospit	tal ottended t	he deceosed from	1 /14 19 70 to	1/22 19 70
	ve) last saw the deceo			19	opinion death accurred on the date
and hour	and from the causes s	toted obove.	(We) (did) (did not) vi	ew the bady after death.	
Inn a made to	THE	1 17			23B, DATE SIGNED
23A. SIGNA	umes L.	bolen		ding Med. Stoff	1/23/70
VE	unes L.	/bolen	DEGREE PHYS.	ding Med. Staff Phys. 3D. ADDRESS	1/23/70
23 C. PHÝSIC NAME	unes L.		M . D .	BD. ADDRESS	1/23/70
23 C. PHYSIC NAME	Clars (Typel James L. Bo	olen,	DEGREE PHYS	BD. ADDRESS The Johns Hopkins Ho	1/23/70
23 C. PHYSIC NAME	CIAN'S (Typel James L. Bo	olen,	M.D.	Director Phys. 23B. ADDRESS The Johns Hopkins Ho MATORY 24B. LOCATION	spital (City, fown, or county) (Stole)

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VS 151-REV. 1/1/68

	3 211/	70 11	1898	BALTIMORE CITY HE	ALTH DEPA	RTMENT				
	1-346	MED	DICAL	EXAMINER'S	CERTIFI	CATE C	F DEAT	H are No	70 1	10898
BII	RTH NO.							REG. NO.		
	NAME OF DECEASED Pe or Print) FRED	CUTLER			2. DATE OF	Known Estimoted		Doy 22	Year	Hour
4.	PLACE IN BALTIMORE,			ONOUNCED DEAD	DEATH 3. DATE	Esmilored	Month	Doy	70 Yeor	6:00 рм
FUI	L NAME OF (IF I		AL OR INSTI	TUTION, GIVE STREET		UNCED DEAD	1	22	70	6:00 p
OR	Luther	an Hosp	ital		5. USUAL I A. STATE	Maryla:		B. COUNTY	n: residence b	petore odmission)
6.	Male 7. RACE	gro		ED NEVER MARRIED	C. CITY O	TOWN		D. INSIDE C		
			WIDOW			Balt		Y	ES X	NO 🗌
	0ATE OF BIRTH 4-1-1903	lost birthd		If Under 1 Yr. II Under 24 Hrs. Months, Doys Hours Min.	E. STREET	2302 BY	addish A	1770		
	BIRTHPLACE (State or for	eign country)	1	2. CITIZEN OF	13. FATHER		add1511 A	ive.		
	North Carolin	ia		WHAT SOUNTRY?	Unl	ζ _e				
14A don	.USUAL OCCUPATION (Give kind of work	148. KIND	OF BUSINESS OR INDUSTRY	15. MOTH	R'S MAIDEN	NAME		***************************************	
	eduring mast of warking life, Retired			-Steel	Unl	۲.				
16.	WAS DECEASED EVER I	N U.S. ARME	FORCES?	17. SOCIAL	18. INFOR				DDRESS	1 4 4 W =-
(, 0	No.	c #01 01 dole3	or service,	213-07-1222	Mrs.	Elizabe	th Shepp	pard 23	02 Brad	ddish A y er
	DISEASE OR COT LEADING (This does not mean theort foilure, asthento, injury or complication v	TO DEATH he mode of dy etc. It means the	ring, e.g.,	(A)IMMEDIATE C DUE TO, OR A	AUSE C	hronic c	bstruct	ive Pulm	8ETW	PROXIMATE INTERVAL TEN ONSET AND DEATI
NO	ANTECEDER DISEASES OR COND RISE TO THE ABOVE OF THE ABOVE	ITIONS, IF AN CAUSE (A) STA DITION LAST.	Y, GIVING TING THE	(B)	AS A CONSE	QUENCE OF:				
ERTIFICATION	OTHER SIGNIFICANT OF TO THE DEATH BUT NO DISEASE OR CONDITION	OT RELATED TO	THE TERMIN	NG NAL Prostat	te card	inoma	F	racture	of ris	ght hip
CERTI				OR WHICH OPERATION WA	S PERFOR!	AED			21. AUTO	PSY? (Yes or No)
MEDICAL	22A. EXTERNAL CAU: UNDERLYING OR CO UTING CAUSE OF D 22D. TIME (Month) OF INJURY (APPROX.)	NTRIB-	r) (Hour)		while —	NJURY OCCU	ID (II in Baltimo R?	Lile	oct location)	
	23. I certify that I resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Notural Co.	Mike	Accident Suicid	ASS	OMICIDE CHIEF MEDICA		ned monner		DATE SIGNED
24. RE	A. BURIAL CREMATION, MOVAL (Specify) Burial	24B. DATE	e Miha 7 - 70	lakis M.D. 24C. NAME of CEMETERY Mt. Auburn (AD. LOCATION		23/70 n, or county) aryland	
25.	A. DATE REC'D BY HEALT			ME OF REGISTRAR	25C.	FUNERAL DIRI	CTOR	A	DDRESS	
	TAN 26 WILL	(Kabert	C. Virus	7-00	MC	RJON &	PYETT F.	н. 170	l Laure	ens Street

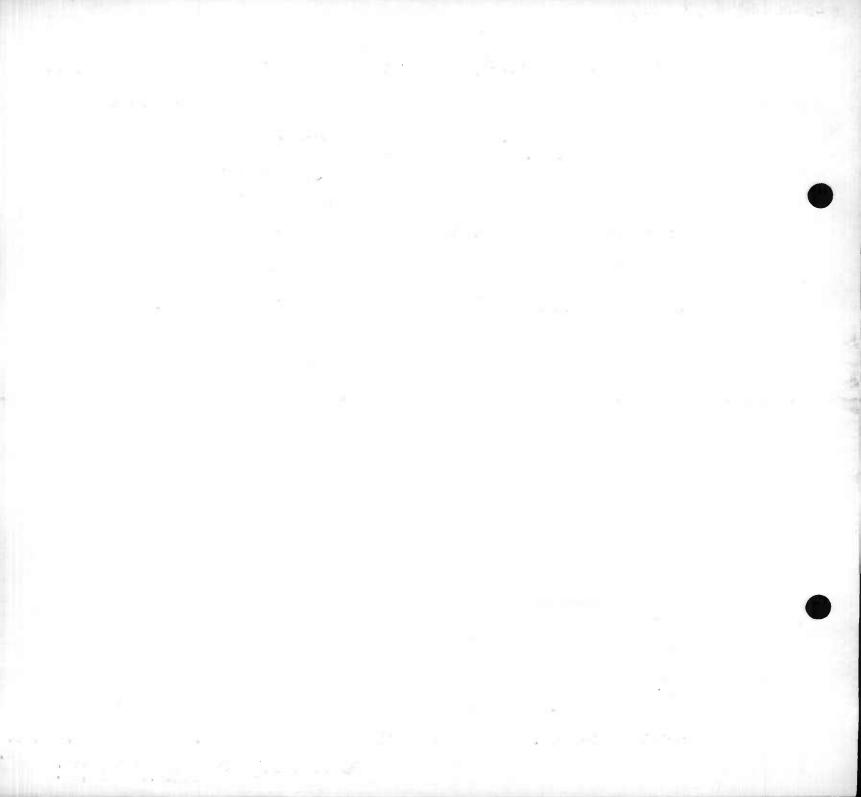
ort oralina 1000 - 500 atirol 212-17-1222 re. Wiladost server " " re'll volu n'/'n , n' i!! - - t. ubar 1 in was over the first harrang treat

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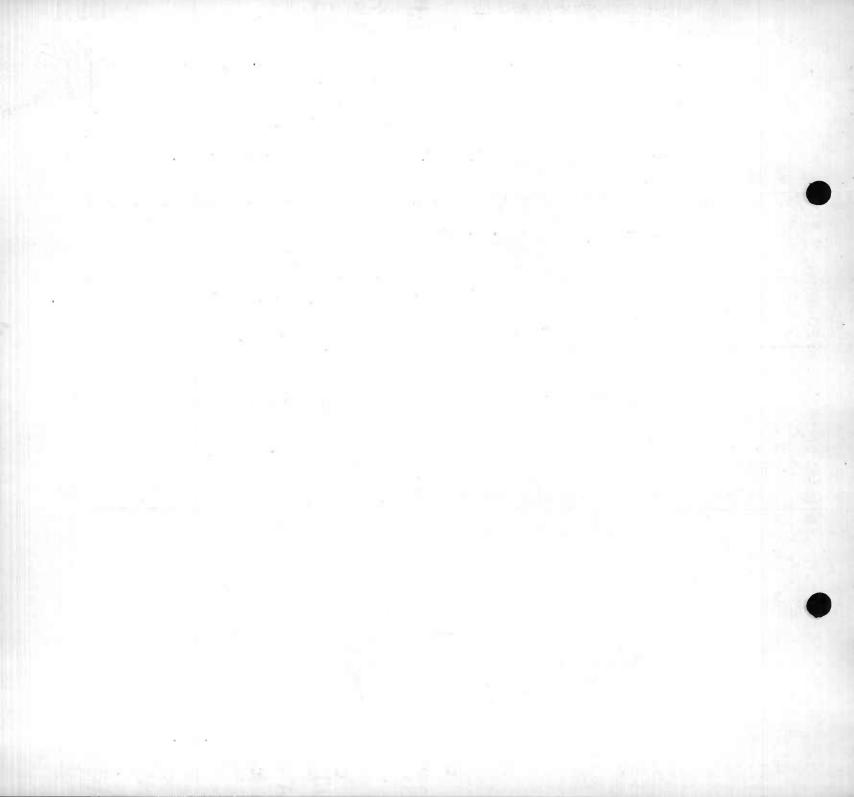
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DIRECTOR:

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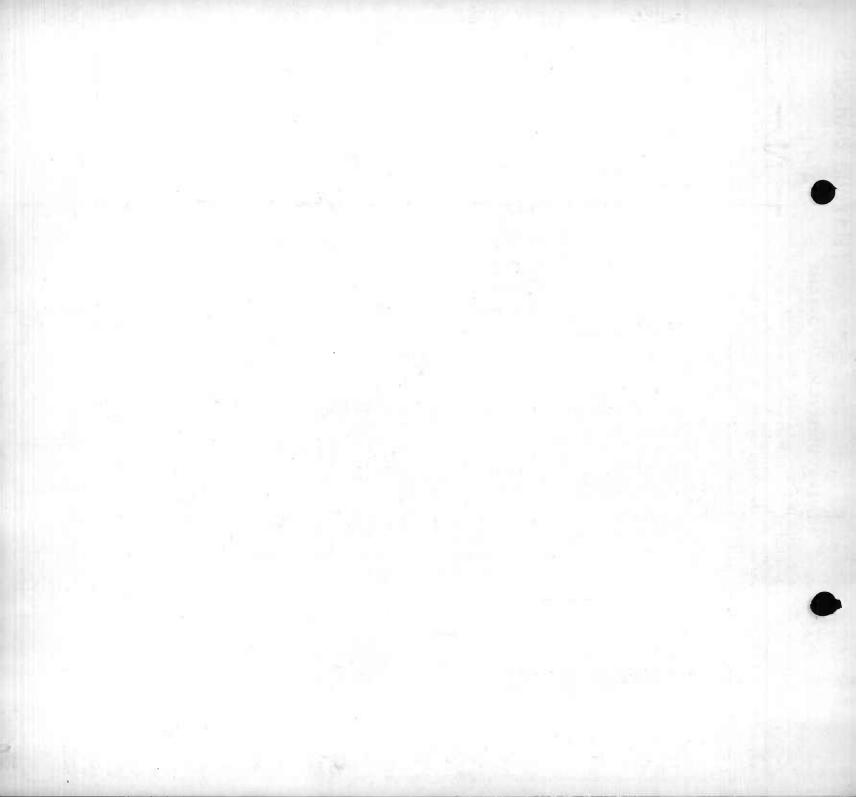
C - 13F 70 000	BALTIMORE CITY	HEALTH DEPARTMENT		
G - 635 /U 1119 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	70 00902
1. NAME OF DECEASED A 1 GER 6	W. GARDA	IE n 2. DATE AN	D HOUR OF DEATH	1/22/70
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		14. USUAL RESIDENCE (When	e deceased lived. If instituti	on: residence before admission)
FULL NAME OF HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	A. STATE B. COUN C. CITY OR TOWN	D. INSIDE C	1306
4UNION MEMORIA	al Hospital	E. STREET AND NUMBER 3500 Ches		NO □
	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lorein	on country)	CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Rai / Rund working 13. FATHER'S NAME		Md		USA
William LaindGar	dner	FRANCIS	TAylor	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of sen	vice) 16. SOCIAL SECURITY NO. 714-05-6858	CHARLES	14	Severha Pk.Md
18. // 2 /	CAUSE OF DEATH		I. GARUNE	R-Bx.349 Rt.
DISEASE OR CONDITION DIRECTLY		vary edema,	Renew 10	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not meen the mode of dying, heart failuse, asthenia, etc. It means the distinjury or camplication which caused death.)	0.7	SE / A CONSEQUENCE OF:	7-1-00, 200.	7
ANTECEDENT CAUSES	(B) Acteurs:	relestic lander	vasculai Due	ase
DISEASES OR CONDITIONS, if any, ginse to the obave couse (A) stating UNDERLYING CONDITION last.	the (C)	A CONSEQUENCE OF:		2.4.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL			9
19A-DATE OF OPERATION 19R CONDITION I WAS PERFORMED	OR WHICH OPERATION	20A- AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIN	IGS CONSIDERED OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in home, lorm, foctory, street, officetc.)	or obout 21 C. WHERE DID	(If In Boltlmore Clly,	give exoct location)
21D-TIME (Month) (Doy) (Year) (Hour) APPROX.)	21E INJURY OCCURRED While At Work Not While Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (I) (this hospital) attend		. 19	1 1 /	22/ 1070
that (1) (we) lost saw the deceosed office	on 1/22/	19 70 ond that		leath occurred on the dote
and have and from the couses stated abov	e. (1) (We) (did) (did nat) vi	ew the body after death.		
23A. SION ATURE	MO OEGREE Phys.	ding Med. S	haff 23 B, E	22/78
Ronald W. Geckle	23	D. ADDRESS	Temorial	Horastel
24A. BURIAL CREMATION 124R. DATE 124	C. NAME OF CEMETERY OF CREA	AATORY 24D. LOC		or county (Sinis
Burial 1/26/70 I	Corraine Park	Cemetery Balt	timore,	n, or county) (Stole) Md.
AN 26 1970 Probable E. Jaber	A D C REGISTRAR	An Bondvan	- 3818 Rola	and Ave.
S 150-REV. 1/1/68	Ly among the			

the said that the said the sai IN THE WASHING NOTICE 50 71/40 710 the cool wellow William Land FRANCE THOSE F GARDING - PROGRES Presence of their deven it is Alimolasta laranos un bur 134 12/1 Un so Memoral Herrin

	- 1/2			BALTIMORE CIT	Y HEALTH DEPARTMENT		190
DIDT	>-160	70	10900	3 CERTIFICA	ATE OF DEATH	REG. NO	70 00903
, NA	H NO.	ASED E.			2. DATE A	AND HOUR OF DEATH	
Туре	or Print)	Mae Shaff	an		1.	-23-70	3.00 P.M.
3. PI	ACE IN BALTI	MORE MARYLAND, W		INCED DEAD		nere deceased lived. If i	nstitution: residence before admission)
T	RTI	TCATE	AMI	INDED		INT	12.07
10	PITAL OR	ADDRESS OR LOCA	ALE OR INSTITUTE	TION, GIVE STREET	Maryland c. City OR TOWN	In INS	SIDE CITY LIMITS?
NST	NOITUTION			1-30-70		0. 1143	YES Y NO
9	0				E. STREET AND NUMBER	30.3	TESTE NO
Bo	lton Hil	1 Nursing &	Convale	scent Center	425 West 24th	Street	
. SE		. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Fe	male	White	WIDOWED		6-12-1917	52	North State of the
OA.	USUAL OCCU	PATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
one	House	orking life, even if retired) Wife			Va.		USA
3. F	ATHER'S NAM				14. MOTHER'S MAIDEN N.	AME	
	Sam	uel Shaffe	- Webs	ter	Mary Se	i t.z.	
5. W				1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes,	no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	s of service)	SECURITY NO.			
	No			?	Joseph E.Sh	affer-425	
1	18.188	XI		CAUSE OF DEA	тн		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASI	OR CONDITION DIE	RECTLY	and the sales			1
	1	EADING TO DEATH		(A)IMMEDIATE CA	USE CATLL	older with a	seed 6/69
		I meon the mode of		DUE TO, OR A	S A CONSEQUENCE OF:		
		sthenio, etc. It meons dication which caused					
				11	1 1		-/
	A	NTECEDENT CAUSES		(B) Itud	S A CONSEQUENCE OF:		6/64
		R CONDITIONS, if					
		obove couse (A)	sloling The	(c) Vers	of Levi als	natedolress	tu neus
-		11		(C)			
z	OTHER SIGNIE	CANT CONDITIONS CO	NTRIBITING				
Ĕ	TO THE DEATH	BUT NOT RELATED TO THE	HE TERMINAL				
U		OPERATION 198. CON	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED
ERTIFI	0	WAS PERI	FORMED			IN CERTIFYING CA	AUSES OF DEATH?
U	ACCIDEN	T WAS UNDERLYING] 21 B	PLACE OF INJURY (e.g.	in or obout 21C. WHERE DID	(If In Boltima	ore City, give exoct locotion)
		MING CAUSE OF medical examiner	hom etc.		office bldg., INJURY OCCUR?		
U			(14) 015	INTERNATIONAL CONTRACTOR	OLE HOW BID II	LILIBY OCCUPA	
	21D. TIME OF INJURY	(Month) (Doy) (Yeor)		INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
<	(APPROX.)		Wo	ile At Not Wh	k		
1	22. L certify	that (1) (this haspital) attended t	he deceased from	1/22/70	19to	1/23/ 19 70.
		lost sow the deceose		11.			olnion deoth occurred on the dote
							on deons occurred on the dole
			red obove. (l) (We) (did) (did not)	view the body ofter deoth	10	
2	3A. SIGNATUI	RE D. A			and the second second	c. " —	23 B. DATE SIGNED
9		dely	Margage	OF GREE PH	tending Med. Director	Shaff Phys.	1/24/70
1	NAME (Ty	4.8	1	or once	23D. ADDRESS	. 0	A
	NAME (19	ALLAN H	+ MK	LCHT MI	2 E Real	1 /2	C/ 10/0 2/202
24A.	BURIAL CREA	AATION, 248. DATE	24C. N	AME of CEMETERY of C	E		City, town, or county) (Stote)
		- 1. 1	70 5	1.1.		el timono	Ma
	Burial	1/27/	Ba.	Itimore Nat	ional Cem. Ba	at crinore	Md.
:AC:	DAICHEUU	BY HEALTH DEPT.	A MANIE A	DE ROISTRAB	O Donor	n - 3818	Roland Ave.
V	25 1974	The State of E. Va.	Ken M.D.		20110		110 20 4110
			No.	1			

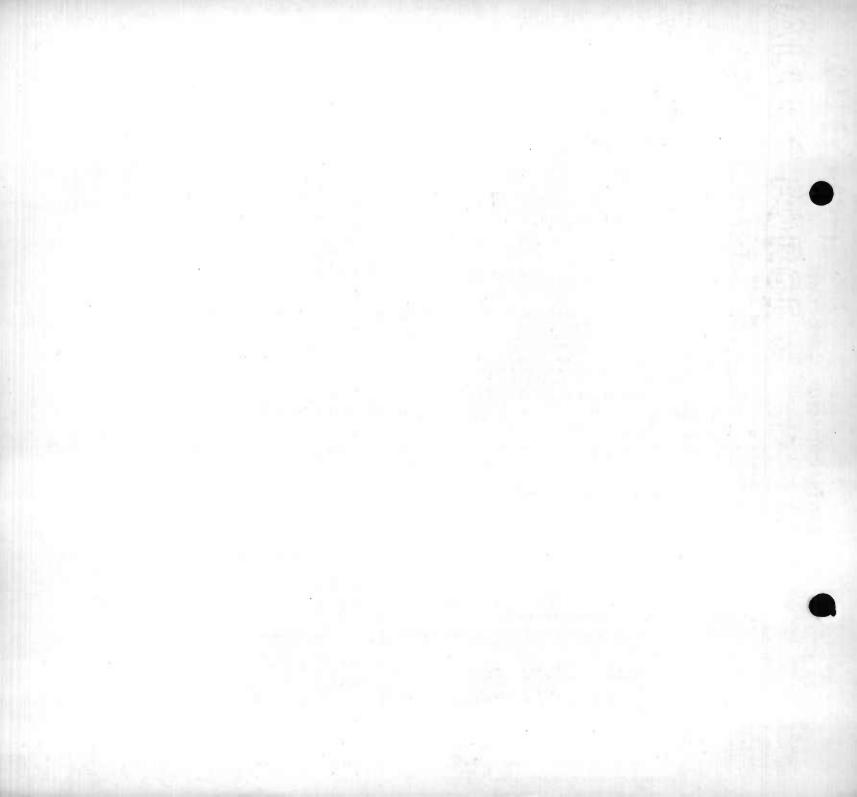
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR:

VS 150-REV. 1/1/68



tributing cause of death mined cause; (5) Deceased gular attendance on the sed prior to death. Such made.	1
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death,; and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	2-260 10	0906		HEALTH DEPARTMEN		70 00906
ВІ	RTH NO.		CERTIFICA	TE OF DEATH	REG. NO	70 7000
	NAME OF DECEASED			2. DATE	E AND HOUR OF DEATH	
11,	OSSRY		ANNA		123/197	0 -
3.	PLACE IN BALTIMORE, MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (nstitution: residence before admission
H	ULL NAME OF (IF NOT IN HOSPI OSPITAL OR ADDRESS OR LOC ISTITUTION	TAL OR INSTIT ATION)	UTION, GIVE STREET	Maryland c. City or town BALTIMOR	Baltimore D. INS	IDE CITY LIMITS?
1	SINAL HOSPITAL		DALTIL			YES 🔀 NO 🗌
1		L of	BALTIMORG		Tourbrook	R.L.
	F 6. RACE	7- MARRIED WIDOWED	DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
do	A. USUAL OCCUPATION (Give kind of war ne during most all working life, even if relired)	LIOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	housewife	own hor	me	Russia		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	Josa
	Henry Klaff			Н	annah Shuman	
15.	Was Deceased Ever in II. S Amed For	rcos?	1 6. SOCIAL	17. INFORMANT	ermen Similali	
(Ye	es, no ar unknawn) (If yes, give war or dak	es of servicef	SECURITY NO.	17. INFORMANT	130 Spa	View Ave.
	no		213-48-5382	Mrs. Harry J.	-	olis, Md.
	DISEASE OR CONDITION DI	RECTLY	CAUSE OF DEATH		4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH			A - Ja M	yoc. Infarc	
	This does not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	YOC. INTERC	104
	heart foiluse, osthenia, etc. it meons injury or complication which coused	the disease,	201 10, OK A3 A	CONSEQUENCE OF:	,	
	ANTECEDENT CAUSES		(B) A	SCVD-		
	DISEASES OR CONDITIONS, II	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	ise to the obove couse (A) UNDERLYING CONDITION lost	sloting the		rabeter	Mall-two	
	CHEERING CONDITION ISSE		(c)	- a be le-	Melling.	
z	II					
ATIO	OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING				
SA	IDISEASE OR CONDITION GIVEN IN PAR	T f (A).		******************		****
RTI	19A DATE OF OPERATION 19B CON WAS PERI	FORMED	VHICH OPERATION	20A. AUTOPSY? (Yas at	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL	21A- ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 B. hometc.)	PLACE OF INJURY (e.g., in e, form, factory, street, affi	or about 21 C. WHERE DIE	(II In Baltimor	e City, give exact location)
MEDI	OF INJURY (Month) (Day) (Year)	(Hour 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
Σ	(APPROX)	Whit	le At Not While	1		
		Worl				•
	22. I certify that (this hospital) attended th	e deceased from	16 733	_19 70 to 1/	23 1970
	that (1) (we) last sow the decease		1/23 /		. /	
					in/my/ (ant) abii	nian death accurred on the dole
	and have and from the causes stat	ed above. (I)	/ (πe) (did) (did net) vi	ew the body ofter deot	th.	
	TOTAL STORY OF THE		M . D . Atten			23 B. DATE SIGNED
	Alle		Dhom	ding Med. Director	Staff Phys.	1/23/20.
	23C.PHYSICIAM'S NAME (Type)		DEGREE	D. ADDRESS	- 111y s	1 1 1 1 1
		A D-	4. 4.		11	
244	ANDREAS		DEGREE	ZINVI	HOSPITAL	OF BALTIMORE
498	REMOVAL (Specify) 248. DATE	24C. NA	ME of CEMETERY OF CREA	AATORY 24D	LOCATION (Cit	y, lown, ar county) (Stole)
F	Burial 1/25/7	70 V.	acath Tarana	Samuel .		
	DATE REC'D BY MEALIN DEPT.	258, NAME Q	eseth Israel (emeter v	Annamlis	A.A. Md.
1	AN 26 19/11 (1966) E.				engely Co. Ho	made, MUNKESS
75	1111 40 1010		4	Hopping Fu	neral/Home -/	nn polis Md.
/3	150-REV. 1/1/6B				1	

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Doubley Marian

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THE PERSON A PERSON NO. IN CASE OF PERSONS

- 1 5 / 1 / 1 × 2

participal 19th which

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

F-65	52 71	0090	BALTIMORE CITY	HEALTH DEPARTMEN	IT REG. NO.	70 0090	7
BIRTH NO.	10	1000	CERTIFICA	TE OF DEAT	E AND HOUR OF DEAT		
(Type or Print)	Villie Ma	· Fran	kline				2-30
3. PLACE IN BA	ALTIMORE MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If	76 institution: residence before	odmission)
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	TION, GIVE STREET	Maryland C. CITY OR TOWN		ISIDE CITY LIMITS?	8
251	60	-/ ,	1-1	Baltimore	0.11	YES NO	
3/	Messey	Haspe	lar	E. STREET AND NUMB 3721 Clarem	er ont Ave 2122		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Und Months Doys Hours	ler 24 Hrs.
Fenale	white	WIDOWED		4-21-1898	last birthday)	Monins Doys Hours	Min.
done during most of	CUPATION (Give kind of wo of working life, even if refired) wife	Home	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of Georgia	r foreign country)	12. CITIZEN OF WHAT	COUNTRY
13. FATHER'S N.				14. MOTHER'S MAIDEN	INAME		
	Rubin I	? Marctin		Morning Wa			
15. Wes Decease	ed Ever in U. S. Armed Fo	orcos?	6. SOCIAL	17. INFORMANT		ADDRESS	
no no unknow	(II yes, give wer or de	les at servicel	213 10 0037D	0	ko 3721 (lare		
000	0.9		CAUSE OF DEAT		7U, 10 T	APPROXIMATE	
DISE	ASE OR CONDITION D LEADING TO DEATH				the Mellil	100	
1This does	not mean the made a	I dving, e.g.,	(A) IMMEDIATE CAL	ISE PM &. A CONSEQUENCE OF:	ine thorag		
heart failure	o, asthenia, etc. Il meon Implication which cause	s the disease,	DOE 10, OK A3		ronchopu	eermormics	
	ANTECEDENT CAUSE			12	n l	T-1.	
DISEASES	OR CONDITIONS, il	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	13 come bu	<u>~ ~ ~ 7</u>	
riso lo I	he obove cause (A)	slaling the					
ONDERLIN			(c)				
OTHER SIGN	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO	ONTRIBUTING					
M DISEASE OR	CONDITION GIVEN IN PA	RT 1 (A).	**************			************	
E ()	OF OPERATION 198 COI WAS PE		HICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRI	ENT WAS UNDERLYING DETAILS OF The medical examiner		LACE OF INJURY (e.g., i , form, factory, street, at	n or obout 21C. WHERE D fice bldg. INJURY OCCU	ID (If In Bellim R?	ore City, give exect location)	
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		NJURY OCCURRED At Not While Al Work		INJURY OCCUR?		
22. I certif	y that (1) (this hospita				4 10 ACL 40	1 23 1	NA
that (I) (we	of lost saw the deceas	ed alive an	1->>	19 <u></u> an	d that in (my) (our)-or	1 - 2 3 19	the date
	nd from the couses sta	ited above. (1)	(We) (did) (did not) v	lew the body ofter de	oth.		
23A. SIGNAT	H.Ma	K. pal	Phum	nding Med.	Staff Phys.	238, DATE SIGNED	
23 C. PHYSICI NAME (ANS (Type) Houshan	16- M	DEGREE)	23D. ADDRESS	- 6.169 30		
24A. BURIAL CR REMOVAL Buri	EMATION, 248, DATE	24C. NAI	ME OF CEMETERY OF CRE		Baltimore, M	City, town, or county)	(Stote)
25A. DATE REC'	26 1970 PET Be	258 NAME OF		25C FUNERAL DIRE		ADDRESS	
VS 150-REV. 1/1	/68			9	7000	10/1904	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1 -1	10		BALTIMORE CITY	HEALTH DEPARTMENT		
5-59	70 !	10908			REG. NO.	70 00908
BIRTH NO.			CERTIFICA	TE OF DEATH		
1. NAME OF DE		- 11	1	2. DATE A	ND HOUR OF DEATH	10 025
3. PLACE IN BA	Joseph C. Si			Jan	0-1	10 13= PM
S. FEACE IN BA	LINORS MARILAND, W	HERE PRONO	UNCED DEAD	A. STATE & COUR	ere deceased lived. II in NTY	stilution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		2636
INSTITUTION	HOUNESS OR EOO!	TION		C, CITY OR TOWN	D. INSI	DE CITY LIMITS?
Balti	more City Hos	pital		Baltimore		YES X NO
21		F		E. STREET AND NUMBER		
5. SEX	6. RACE	7. 44 4 55455		6604 Gary Ave		
	1.7		NEVER MARRIED		9. AGE (In years lost birthdoy)	Months Doys Hours Min.
IOA. USDAL OCO	CUPATION (Give kind of work	WIDOWED		8-26-1907 11. BIRTHPLACE (State or lare	62	
done during most o	working life, even if retired)		POSINESS OF HADOSIKI	11. BIKIMPLACE (State of lare	ign country!	12. CITIZEN OF WHAT COUNTRY
	orer	Baltim	ore City	Sunshine Mary	land	
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
Joseph	Smallwood			Eva Downs		
5. Wos Deceose	d Ever in U. S. Armed Form n) (If yes, give war or dote	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	III yes, give was of dole	a of selaicel	216-10-6629	Myrtle Smallwo	od 6604 Gar	v Avenue
118. / / / 0	(2)		CAUSE OF DEATH			APPROXIMATE INTERVAL
(This does heart failure, injury or con DISEASES rise to the UNDERLYIN OTHER SIGNITO THE DEASE OF CONTROL OTHER SIGNITO TO THE DEASE OF CONTROL OTHER SIGNITOR OTHER SIGNIT	SE OR CONDITION DIN LEADING TO DEATH not mean the mode of asthenia, etc. If means mplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if of the obove couse (A) G CONDITION lost. FICANT CONDITIONS CONTICONTY TO DITION GIVEN IN PART FOPERATION 1988. CONTICONTY TO DETAILS TO THE	dying, e.g., the disease, death, i en, giving stoting the NTRIBUTING IE TERMINAL [1 A).	(b) DUE TO, OR AS	SE CANDION MARCONSEQUENCE OF: A CONSEQUENCE OF: LOS SCLLED TO		tion Ascular disease
	WAS PERF	ORMED			IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
DEATH (nolify	NT WAS UNDERLYING THE UTING CAUSE OF Medicol examined	hom elc.)	PLACE OF INJURY (e.g., in e, form, fociory, street, off	or obout 21 C. WHERE DID	(If In Baltimore	City, give exoct locotion)
21D. TIME OF INJURY	(Month) (Doyl (Year)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
		Wor	k At Work			
22. I certify	that (1) (this haspital)	attended th	ne deceased fram	au 21, 1910,	9ta	19
	last saw the decease	/-	<i></i>		ot In(my) (aur) apin	Ian death accurred an the date
and hour an	d from the causes state	ed abave. (i)	(We) (did) (did nat) vi	ew the bady after death.		
23A. SIGNATU	JRE 1	1				238 DATE SIGNED
1/10	le la Klu	MINOS	Atten		Shaff Phys.	(1. 21.197)
23C. PHYSICIA	IN'S	- Franco	-U - I PEGKEE	D. ADDRESS		yam 21) 1/1
MANIETI	7,00					
44. BURIAL CRE	MATION, 248. DATE Specify)	24C. NA	ME of CEMETERY OF CREA	MATORY 24D. LC	CATION (City	, town, or county! (State)
Burial	I-24-7	0 0a1	k Lawn Cemeter	V Bo	ltimore, Mary	rland
SA. DATE DEST	B B. S. C. L.		A REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS
PR MAE	IST A VINCET	-	المام المام	WALTER DABRO	WSKI 1005 DI	UNDALK AVENUE
S 160 BEV 1/1/	4.0					

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

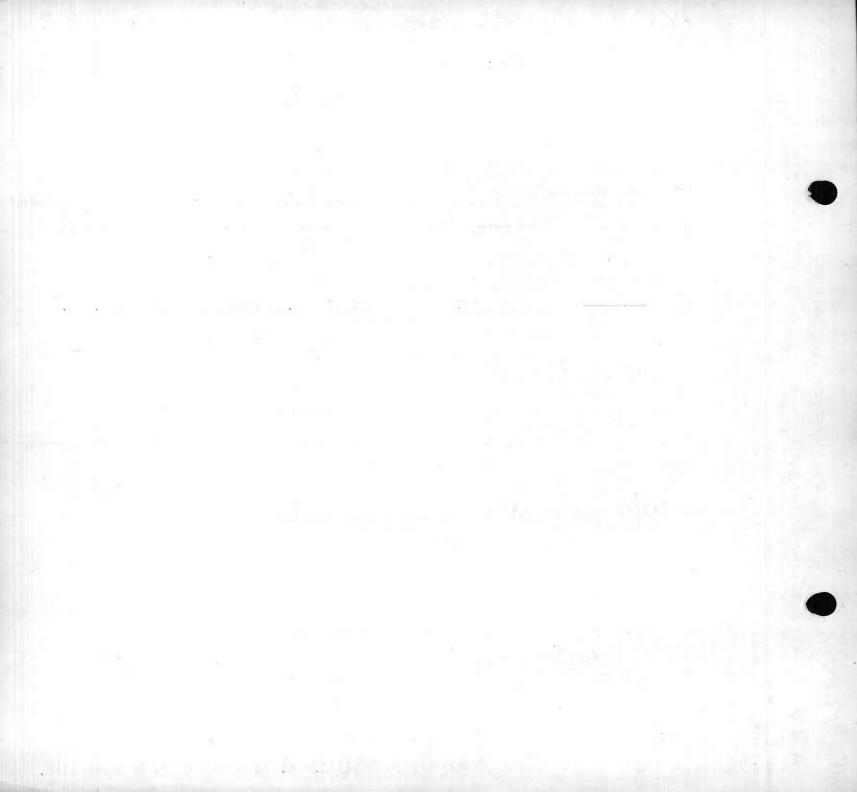
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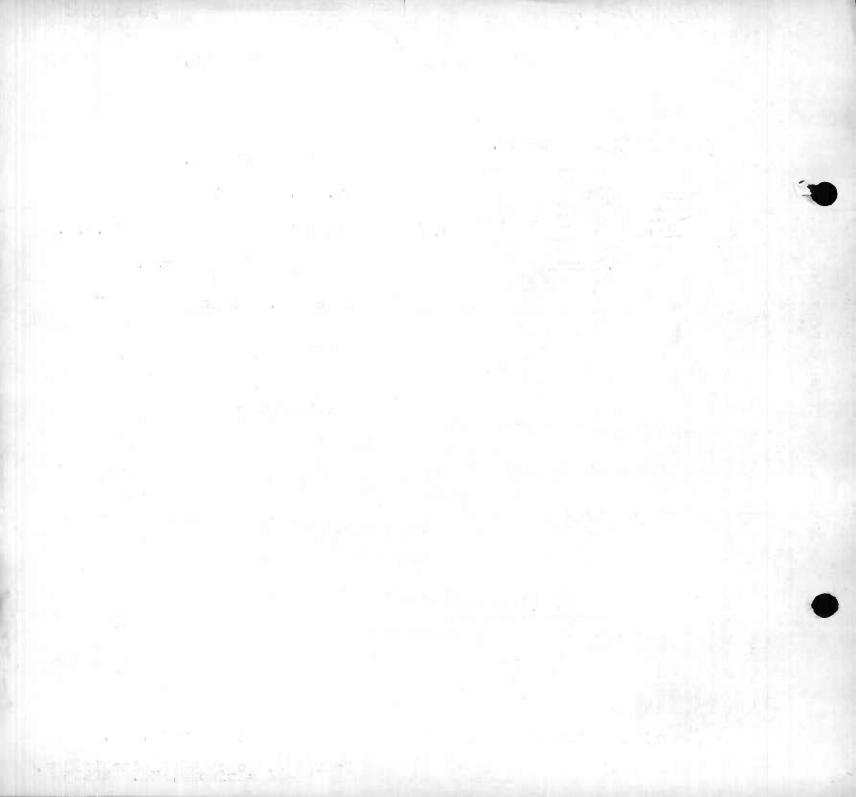
	4-655 70 1109	BALTIMORE CITY	HEALTH DEPARTMENT	pa	70 00910
В	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	0 905.0
	NAME OF DECEASED Appe of Printil Har MONS R	aye M	2. DATE AN	D HOUR OF DEATH	701/30 A
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institu	tion: residence before admission)
H	JLL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Md	216 D. INSIDE C	CITY LIMITS?
北	/_		Baltimor		S NO
- /	BON SEEDURS HOS	pital	3818 WOOD		lenue
	F W WIDO	WED DIVORCED	8/1/1890	70	Under 1 Yr. If Under 24 His. onths Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 108. KIN ne dyfing most of working life, eyen if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country) 12	CITIZEN OF WHAT COUNTRY
12	Housewife		Mary land		U.S.A.
13	FATHER'S NAME	(14. MOTHER'S MAIDEN NAM	AE	
15.	Sond MONSON, JOHN Was Deceased Ever in U. S. Armed Forces?	V J.	Hodges /	Mary	- 11
Cre	s, no or unknown) If yes, give wor or dotes of serv	16. SOCIAL SECURITY NO. 212306458	Admission	Shoot	ADDRESS
	18.3-93.1 7 153.8	CAUSE OF DEATH	1	7/16610	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Mart bear	. Od nihu	() CLUS
	(This does not meon the made of dying, heart failure, asthenia, etc. It means the disc	e.g., (A)IMMEDIATE CAU	SELLCLULE RUNNA A CONSEQUENCE OF:	Concure	Duy 5
	injury of camplication which coused death.)	ease,	1 7	V.	,
	ANTECEDENT CAUSES	(B)	as necros	is	Days.
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION lost.	(c)			***************************************
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMII DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG Adenoence	inoma of Con	on-Dialet	year.
ERTIFIC,	19A-DATE OF OPERATION 19B CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
CAL CI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, off etc.)	or about 21 C. WHERE DID	(II In Boltimore City	, give exocl locotion)
	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While	21 F. HOW DID INJU	RY OCCUR?	
1	22. I certify that (I) (this hospital) attend	Work At Work	2-13	66 12	1=11 70
	that (1) (we) last sow the deceased alive		19 70 and tha	t in (my) (our) apinian	death accurred on the date
	and have and from the causes stated abov	e. (1) (We) (did) (did nat) vi	ew the bady after death.		
	Clquetni cles Cam	po MS Atten	ding Med. S	itaff hys.	DATE SIGNED
	23C PHYSICIAN'S WAME (Type)	DLOKEC	3D. ADDRESS	1 Non E	Balt Sond
244	SURAN CREMATION, 24B. DATE 240	DEGREE	MATORY 24D. LO	CATION / (City, toy	wn, or county) (Stotel
C	URIAL 1/13/78	Woodlaw	0.	·	md
254	26 1970 Robert E. Failley M	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS nowh
11	NO 1010 DESCRIPTION OF MANDER 17	· Ca	7/1/1/3/140	Knew of Jon	of Hems





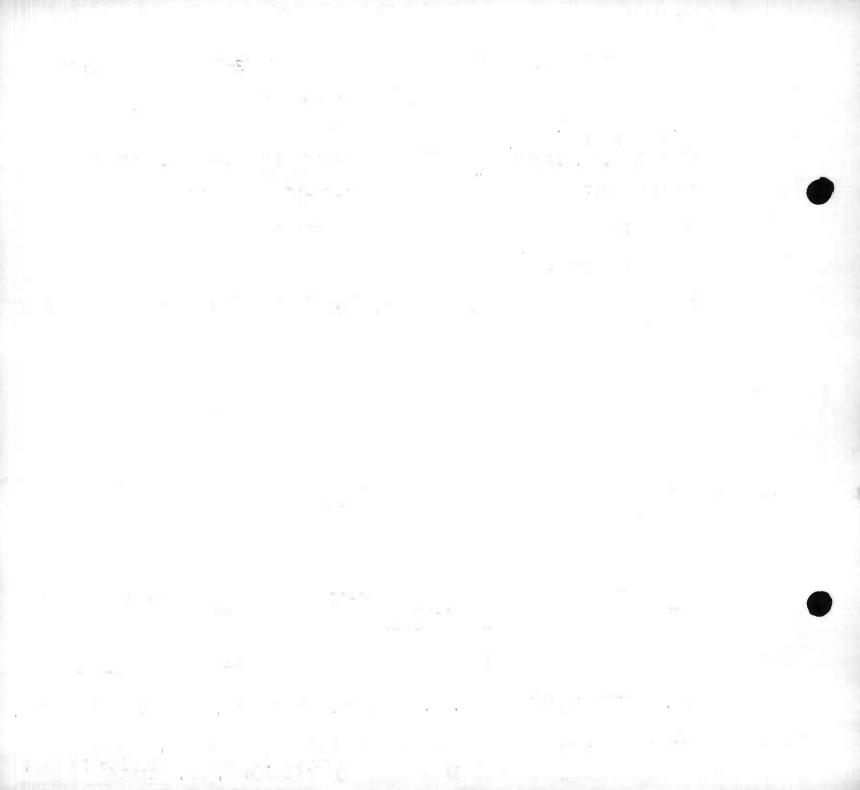
VS 150-REV. 1/1/68

70 00912 2. DATE AND HOUR OF DEATH January 22,1970 USUAL RESIDENCE (Where deceased lived, If institution; residence before D. INSIDE CITY LIMITS YES X NO 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Hours lost birthdoy 12. CITIZEN OF WHAT COUNTRY? U.S.A. MArks ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (our) opinian deoth occurred an the dote 23B. DATE SIGNED (City, town, or county) Md. once 4001



FUNERAL DIRECTOR:

M-212 700	004	BALTIMORE CITY	HEALTH DEPARTMENT	×	70 00913
BIRTH NO.	1101	. CERTIFICA	TE OF DEATH	REG. NO	10 00018
1. NAME OF DECEASED (Type or Print)				AND HOUR OF DEATH	н
MCVICKER.	RUT	H	1	-23-70	1 6:55 A
3. PLACE IN BALTIMORE, MARYLAND, WHERI	PRONO	UN CED DEAD	4. USUAL RESIDENCE (V	Vhere deceased lived, II	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTIT	TUTION. GIVE STREET	MARYLAND		1-3
Mailinion	4)	onery or to brace;	C. CITY OR TOWN		SIDE CITY LIMITS?
ST. AGNES HOSP.			BALTIMOR		YES NO
WILKENS & CATON AVE			E. STREET AND NUMBER		
BALTIMORE MD. 21228	3		2925 DE	LAWARE AVE	. 21227
. SEX 6. RACE 7. N	ARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In vents	
EELAALE LALEE	DOWED		03-02-29	last birthday	Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108.	KIND OI	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of I	areign country!	12. CITIZEN OF WHAT COUNTRY
HOUSEWIFE					
FATHER'S NAME			WASHINGT		USA
· LATHER 3 NAME			14. MOTHER'S MAIDEN N	IAME	
Thomas Eittson					
Was Decoosed Ever in U. S. Armed Forcos? os.no or unknown) (If yes, give wer or dates of	tonical	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO NO		539 24 8007	ST. AGNES	DECORD DOO	
18, 4 / 5 / 6		CAUSE OF DEATH		RECORD RUU	
DISEASE OR CONDITION DIRECTI			-	1	APPROXIMATE INTERVAL BETWEEN ONSET AND GEAT
LEADING TO DEATH	-1	unne	celebral	halmorsh	age
(This daes not mean the made of dyin	g, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		U
hearl failure, asthenia, etc. It means the injury ar camplication which caused deat	dicanca	DOL 10, OR AS /			
ANTECEDENT CAUSES	1./	Essein	tral hyper	tension o	
			KNOWN E-	10094	0
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stati	giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	ing ine	(c)			1
ll ll				***************************************	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING				
I TO THE DEATH BUT NOT RELATED TO THE TER	MINAL	**************		**********	
19A DATE OF OPERATION 19B CONDITION WAS PERFORM	N FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
WAS PERFORM	ED		YES	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B.	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltimo	re City, give exact location)
DEATH (notify medical examine)	etc	e, jam, laciary, street, all	ico bidg. INJURY OCCUR?		or and the state of the state o
21D-TIME (Month) (Day) (Year) (Hor	nd 21F.	INJURY OCCURRED	215 11014 515 1		
OF INJURY (APPROX.)		le At Not While	21F. HOW DID IN	NIURY OCCUR?	
	Wor				
22. I certify that XI) (this haspital) atte	nded th	ne deceased from	1-23	19 70 ta	T=2.3 10 /0
that (K (we) last saw the deceased ali-		1-23	19 70 and	ten (was) XX at tent	nian death accurred an the date
and have and from the causes stated at		(M*) (414) (3X3X-X*X-1	and the first of	mar in (myz (aur) api	nion dearn accurred an the date
23A. SIGNATURE	440. ()	(ue) (ara) (arayaraty Ar	ew the bady after death	l •	
1/50:10	ovil	Atten	ding Med.	21-11	23 L DATE SIGNED
	OVIL	DEGREE	Director L	Staff Physic X	1-23-70
23C. PHYSICIAN'S NAME (Typel		2:	D. ADDRESS		
DR. VERNA GOVILA		M. D. DEGREE	ST. AGNES	HUCD MILL	THE C CATON AND
A. BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C. NA	ME of CEMETERY OF CREA		HOSP WILK	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					ity, town, or county) (State)
Burial 1/27/70 A. DATE REC'D BY HEALTH DEPT. 2 2598 N	140045	Cedar Hill	Cemetery	Baltimore	Maryland
JAN 26 1970 Tabell E. Va	WINE O	E REGISTRAR	25C FUNERAL DIRECTO		
	4	4-U U 1)	1 0 Balti	Gonce 40 More Md	01 Ritchie Hgy.
150-REV. 1/1/68					



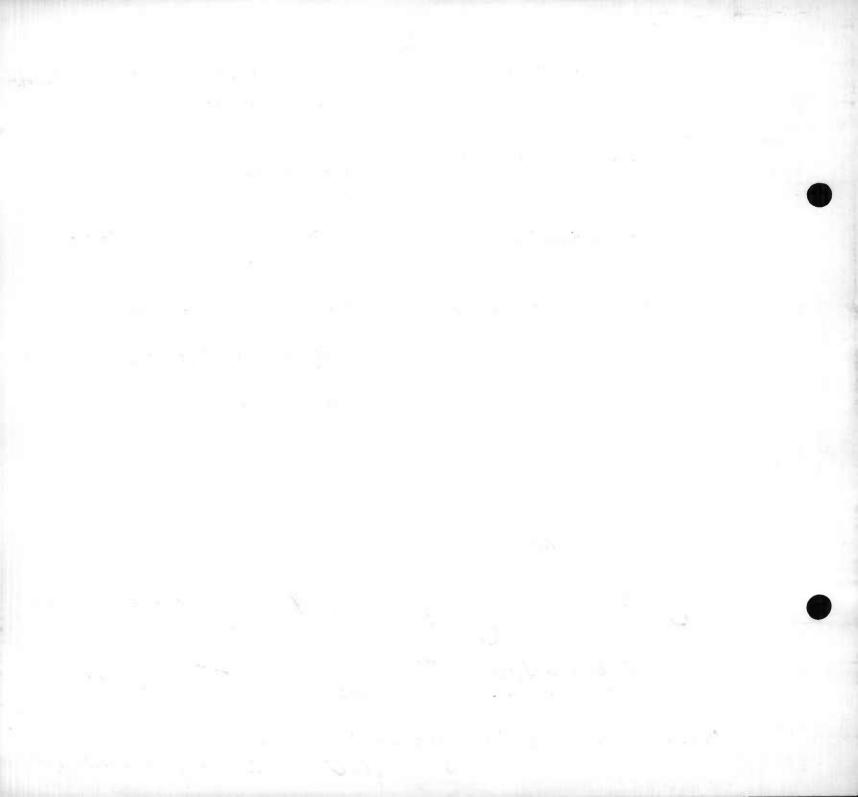
This cortificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deoth shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

C-200	BALTIMORE CITY	HEALTH DEPARTMENT	,	
BIRTH NO.	CERTIFICA	TE OF DEATH	X REG. NO	70 10914
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	170
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	-	24 -70	1 - A M.
MARILAND, WHERE PRONOUNCE	ED DEAD	A. STATE B. COUN	TY A CO	titution: residence before admission)
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	Md BA		2200
0 0 1 11		C, CITY OR TOWN	D. INSIC	DE CITY LIMITS?
SOUTH BALTO. GEN. HOSP.		E. STREET AND NUMBER		YES NO
43		602 CHURCH	1 57	
5. SEX 6. RACE 7. MARRIED 1	NEVER MARRIED	8. DATE OF BIRTH	ast birthday	If Under 1 Yr. If Under 24 Hrs. Manths! Days Hours Min.
F CAUC WIDOWED W	DIVORCED	12-25-1400	60	Man,
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUILdone during most of working life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLA CE (Stote er fereig	gn caunity)	12. CITIZEN OF WHAT COUNTRY?
- House wife		Poland		USA
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	NE .	
Thomas DEBROSTA		XXXXXXXXX	XXXX Fran	ices Zaharcko
15. Was Deceased Ever in U. S. Armed Forcas? (Yas, na ar unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	Mrs. Mildred	C. Balint	602 Church St.
18.4/0,9	CAUSE OF DEATH	ANAMANAN	MAN	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cardia	ic arrest		BETWEEN ONSET AND DEATH
This does not mean the made of dving. e.g.,	(A) IMMEDIATE CAU		**************	MINS
heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	DUE 10, OK AS A	CONSEQUENCE OF:		
ANTECEDENT CAUSES	Marian	dial Outreton	ri.	0.4.4-
DISEASES OR CONDITIONS, if any, giving	DUE TO OR AS	A CONSEQUENCE OF:	<i>//</i>	04-45
nse to the above cause (A) stating the UNDERLYING CONDITION last.	(c) ASC	V		YEARS.
Z CTUTS ICALISMAN CONTRIBUTION	1.	0 10	1 1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Multiple	Cardiae and	hy tumias	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	CH OPERATION	20A. AUTOPSY? (Yas ar Na)		NDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1218. PLA		No.	IN CERTIFYING CAU	SES OF DEATH?
	CE OF INJURY le.g., in rm, factory, streat, off	or about 21 C. WHERE DID	(If In Ballimare	Clly, give exact lecetion)
OF INJURY (Month) (Day) (Year IHour) 21E thj	URY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) While A	Not While			
22. I certify that (I) (this haspital) attended the de	eceased from	1-17- 19	70 to (-24 19 7c
that (I) (we) last saw the deceased alive on		19 70 ond the	t in (my) (our) opini	on death occurred on the date
and haur and from the causes stated above. (1) (W.	e) (did) (did not) vi	ew the bady after death.		
23A. SIGNATURE				23R DATE SIGNED
Smald M. Wood A	Alten	ding Med. S	hys.	1-24-70
23C-PHYSICIAN'S NAME (Typel		3D. ADDRESS		
DONACD M. WOOD	DEGREE	DOTH BACK	70. GEN.	
	of CEMETERY of CRE	MATORY 24D. LO	CATION (City,	, town, er countyl (State)
Burial 1/27/70 Hol	y Cross		Baltimore,	Maryland
JAN 26 1970 USBELB E Halley A.		25C. FUNERAL DIRECTOR	Gonce 400	Ol Ritchie Hgy.
VS 150-REV. 1/1/68			THE WOL	



IMPORTAN DIRECTOR: FUNERAL

ALTIMORE CITY	HEALTH DEPARTMENT		
	TE OF DEATH	REG. NO	70 90915
	2. DATE AN	NO HOUR OF DEATH	4
	Janu	ary 24. 19	70 9:30 Am.
DEAD		• • •	70 9:30 Amo
RVE STREET		ltimore	5300
	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	DUNDALK E. STREET AND NUMBER		YES NO X
	3116 Short Wa		22000
R MARRIED	8. DATE OF BIRTH	9. AGE (In vente	21222
DIVORCED	9-19-94	lost birthde75	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
S OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	New York		U.S.A.
	14. MOTHER'S MAIDEN NAM	ΛE	
AL JRITY NO.	17. INFORMANT	940 Easterr	AvenueDDRESS
- 3779			Maryland 21224
USE OF DEATH		arcamore, .	APPROXIMATE INTERVAL
	4		BETWEEN ONSET AND DEATH
DUE TO, OR AS A	E Myocardi,	of Dufar	otion 12 hours
	HE		
	Arterioschen	tii Cardin	in An
DUE TO, OR AS A	CONSEQUENCE OF:	***************************************	We have the second
)			1
/		******************	***************************************
PERATION	20 A 4 H = 0 D = 10 P		
LIAMON	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
FINJURY (e.g., in octory, street, office	or ebout 21 C. WHERE DID	(If In Beltimor	re City, give exoct location)
CCURRED	21 F. HOW DID INJU	RY OCCUR?	
Not While Al Work			/
ed from	1/24 1	70 to 17	24 10 70
1/24	- 7/		nian death accurred on the date
d) (did not) vie	w the bady after death.		decined on the doll
MO		- 1	238. DATE SIGNED
DEGREE Phys.	ing Med. S	hys.	1/24/70
23	P. ADDRESS Baltimore City F	ospitals	21224
	1940 Eastern Ave	_	imore, Maryland
METERY of CREM			ly, town, or county) (Stote)
055 CE	MI- BROC	DKYNVI	N. Y.
00)	25C, FUNDAL DIRECTOR	Deally	1 Dudger Mot



FUNERAL DIRECTOR:

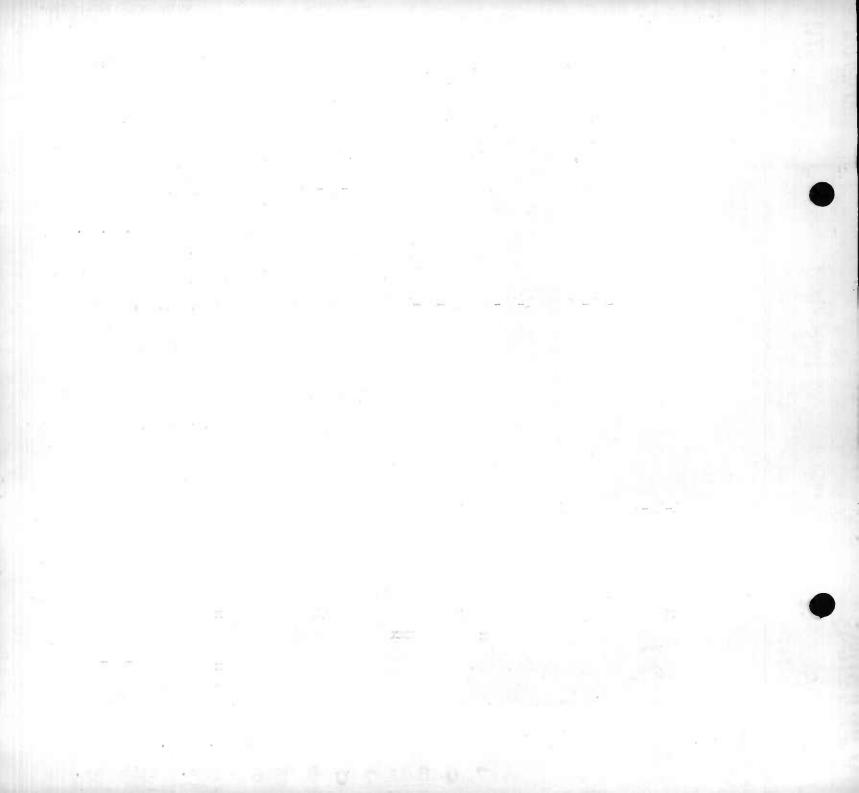
Q 101	ALTIMORE CITY HEALTH	DEPARTMENT	171.3	10040
BIRTH NO.	ERTIFICATE O	PUEATH		10916
1. NAME OF DECEASED (Type or Print) ERNEST F.	BARKER	2. DATE AND HOUR	970	6- 17
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED		RESIDENCE (Where decease	d lived. If institution; reside	nce before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, OF HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	GIVE STREET N	OR TOWN	D. INSIDE CITY LIMITS	07
00 500 UNIVERSITY 4	E. STREE	TIMORIE TAND NUMBER	YES 🗌	NO
BALTIMORIE, Md. 2	1210 500	UNIVERSON	ET PKW	7
5. SEX 6. RACE 7. MARRIED NEV	R MARRIED 8. DATE C		yeors If Under 1 Y	fr. If Under 24 Hrs.
MALIE CAUCHSIAN WIDOWED	DIVORCED 3-/	1886 8	3	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF 8USINE done during most of working life, even if retired)	SS OR INDUSTRY 11. 81RTH	PLACE (State or foreign country	12. CITIZEN	OF WHAT COUNTRY?
VROFESSOR - UNIVERSI		ANADA	V	,5 19
13. FATHER'S NAME	14. MOTH	ER'S MAIDEN NAME	.0	
IS. Wos Deceased Ever in U. S. Armed Forces? 16.500		INNIE	TEETHA	n
	IAL 17. INFOR	MANT 40	003 KESWIC	DRESS RA
No 3/3-	18-91545TE	PHEN F. BAR	2KER :	21211
3 7010	AUSE OF DEATH		API	PROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Mark Mark	7/10.		
(This does not meen the mode of dying, e.g.,	DUE TO, OR AS A CONSEQ	UENCE OF:	******************	yeur
heost foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	- 1	00	01	
ANTECEDENT CAUSES	Phlonic	relanch	Exilia	4 vens.
DISFASES OR CONDITIONS, if ony, giving	DUE TO, OR AS A CONSEC	DUENCE OF:	/	
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	-)	***************************************		
11	01.	0 /	7 /	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	(HRONIC	Brum Ss	ndlon	5 401
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	PERATION 20A. A	UTOPSY? (Yes or No.) 20B, IF	VES WERE FINDINGS COL	NIDERED
198. CONDITION FOR WHICH C	T. C.	IN CER	YES, WERE FINDINGS CONTIFYING CAUSES OF DEAT	H?
U 2TA. ACCIDENT WAS UNDERLYING 218, PLACE	OF INJURY (e.g., in or about)	NJURY OCCUR?	If in Boltimore City, give exc	oct location)
DEATH (notify medical examiner) etc.)				
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY		PIF. HOW DID INJURY OCC	UR?	
(APPROX.) While At Work	Not While At Work			
22. I certify that (1) (this bespital) attended the dece		19 65	to Kan	19.20,
that (1) (we) lost saw the deceased alive on	Dec 26 19	69 and that In (my)	(out) opinion death or	curred an the dote
and hour and from the couses stated above. (1) (We) (did) (did not) view the b	ody after deoth.		
23A. SIGNATURE	A 11 11 A-1		23B. DATE SIG	GNED
francis & Dally	DEGREE Phys.	Med. Staff Phys.	1/24	1/70
23C. PHYSICIAN'S NAME (Type)	23D. ADDR	ESS	1 0-	
TRANCIS DAI	-7 MGREE M	12, CHRS	h de,	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CREMOVAL (Specify)	EMETERY OF CREMATORY	24D. LOCATION	(City, town, or cal	unty) (Stote)
CIZEMATION 1/26/1470 GREEN		Dia C.	*	
25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGIS	a o olo	Broken Be	adley 1 Dans	Loll, md
VS 150-REV. 1/1/68				



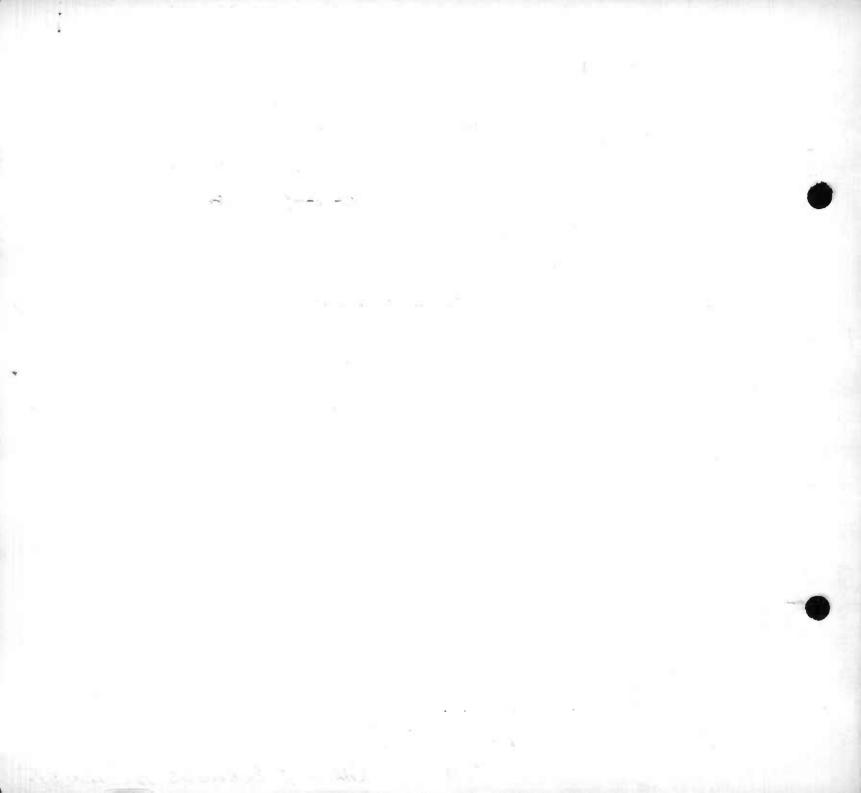
W-620	70	0091	7	HEALTH DEPARTMENT		70 00917
BIRTH NO.			CERTIFICA	TE OF DEATH	H ************************************	4.5
1. NAME OF DECE (Type or Print)		DAMMON	ID 7		AND HOUR OF DEATH	
2 21 4 25 114 2 4 4		RAYMON		JA	NUARY 21, 1	1970 2:25P M.
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If i	institution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND		2553
HOSPITAL OR	ADDRESS OR LOCA	MONI	- HOLL BYME	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
1/1)	CT ACUEC	11000	TAI	CITY-BALTI		YES NO
140	ST. AGNES	HOZPI	IAL	E. STREET AND NUMBE	R	
				1808 SEXTO	N ST 21230	0
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	% AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE	WHITE	WIDOWED		010/12/06	last birthdoy)	Months Doys Hours Min.
IOA. USUAL OCCUP	PATION (Give kind of work	10B, KIND OF		11. BIRTHPLACE (Stote or		12. CITIZEN OF WHAT COUNTRY?
DISABLED	orking life, even if retired)	CADDEN			and the same of th	
13. FATHER'S NAM	F	CARPEN	IEK	MARYLAND		U.S.A.
				14. MOTHER'S MAIDEN		
GEORGE W				MARY (NEE CA	RROLL)WEYRI	CH
15. Was Deceased E	ver in U. S. Armed Fore	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NONE			212-01-974	8 CT ACNES	HOSPITAL R	COBDC
18. 30.3	5 1		CAUSE OF DEATH		HUSFITAL R	
	OR CONDITION DIR	COTIV	CHOSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	EADING TO DEATH	ECILI		C.U.	A	2 000
(This does not	mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:		& age_
heart failure, as	sthenia, etc. If means lication which caused	the disease,				
	NTECEDENT CAUSES	444112	Deter	io sclershi	Masaular.	oloren)
			(B)	0 - 0000		
nise to the	CONDITIONS, if above cause IA)	iny, giving	DUE 10, OR AS	A CONSEQUENCE OF: Me Alea	1 1	
UNDERLYING	CONDITION last.	or-mig the	(c) Chra	me Alea	halos	
	11					
OTHER SIGNIFIC	ANT CONDITIONS CON	NTRIBUTING				
DISEASE OR COL	BUT NOT RELATED TO THE	1 (A).	****************			***************************************
19A. DATE OF O	PERATION 198 CONT	HOR Y	HICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE	FINDINGS CONSIDERED
OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19A. DATE OF C				XES NO		USES OF DEATH?
OR CONTRAINING	WAS UNDERLYING	21 B.	PLACE OF INJURY (o.g., in o, farm, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimor	re City, give exact location)
O DEATH (notify m	nodical examined	etc.)	of land locioly, silved on	LE DIOSCHILIDATI OCCOR		
Q 21 D. TIME (/	Month) (Doy) (Yeorl	(Hour 21E	INJURY OCCURRED	21E HOW DID	NJURY OCCUR?	
OF INJURY		Whil	o At Not While			
	40.44	VV OII	At Work			
22. I certify that (1) (this hospital) attended the deceosed from JANUARY 20 19/0 to JANUARY 21 19/0						
that (1) (we) la	st sow the deceased	alive an	JANUARY 21	19 <u>70</u> ond	that In (my) (our) opl	nion death occurred an the date
and have and f	ram the causes state	ed abave. (I)	(We) (did) (did nat) vi			
23A. SIGNATURE	,	//	1.0			23B, DATE SIGNED
BITA	an - Ehra	herring	Affer Phys.		Staff Phys.	
23C. PHYSICIAN	S	7	DEGNEE	3D. ADDRESS	rnys. Lu	1/21/70
NAME (Type		ALINAS			DITAL DALE	0.140.01000
24A. BURIAL CREMI	BIZHAN EBRA		DEGREE	ST AGNES HOS		
REMOVAL (Spe	ocifyl / / /	24C. NA				ly, town, or countyl (Stotel
BURIAL	1/24/7	0 07	Louis C	em.	Clarksville	Howard Md
25A. DATE REC'D BY		258 NAME O	F REGISTRAR	25C. FUNERAL DIRECT	ORA	ADDRESS /
AN ZE 19/	1682, BE, 5	receil M	9 0 0 0	0 EUS. Mac	mell- 30,	Prederick Rd
VS 150-REV. 1/1/68						266 11 3 11 12

- 10

7-655	E CITY HEALTH DEPARTMENT REG. NO. 70 00919
BIRTH NO. 1, NAME OF DECEASED	ICATE OF DEATH
(Type or Print) GRAY, James Early	22 JANUARY 1970 3:25 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before edmission) A. STATE B. COUNTY MARYLAND BALTIMORE CITY 908
INSTITUTION VETERANS ADMINISTRATION HOSPITAL 3900 LOCH RAVEN BOULEVARD	
BALTIMORE, MARYLAND 21218	2248 CECIL AVENUE
S. SEX MALE 6. RACE NEGROID 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	0-13-11
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDidone during most of working life, even if retired) CONTRACTOR	BUCKINGHAM CO, VIRGINIA U. S. A.
13. FATHER'S NAME ROBERT GRAY	14. MOTHER'S MAIDEN NAME ANNE BROWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Ilf yes, give wor or dotes of service) YES 10-23-42 TO 1-14-46 219-07-37	
heort foilure, osthenio, etc. II meons the diseose, injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. (C)	OR AS A CONSEQUENCE OF: MONARY THROMBOEMBOLISM 7 DAYS OR AS A CONSEQUENCE OF: ERIOSCLEROTIC CARDIOVASCULAR DISEASE MANY YEARS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 199B. CONDITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED
1-14-70 RT CAROTTO ENDARTERECT	OMY YES IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF INJURY home, form, foctory, street.	(If in Boltimore City, give exact location) reet, office bldg., INJURY OCCUR?
	ot While
22. I certify that 🆚 (this haspital) attended the deceosed fram	
and haur and from the causes, stated above. (4) (We) (did) (did)	19_70and that in(35 y) (aur) aplnian death accurred an the data
23A. SIGNATURE Suchulung Meto	Attending Med. Staff Phys. 1-23-70
23C. PHYSICIAN'S NAME (Type) CARL BREDENBERG, MD	23D. ADDRESS 3900 LOCH RAVEN BOULEVARD BALTIMORE, MARYLAND 21218
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	
Burial 1/27/70 Balto Natio	25C. FUNERAL DIRECTOR ADDRESS
VS 150-REV. 1/1/6B	n Maeck 928 E. North Ave.

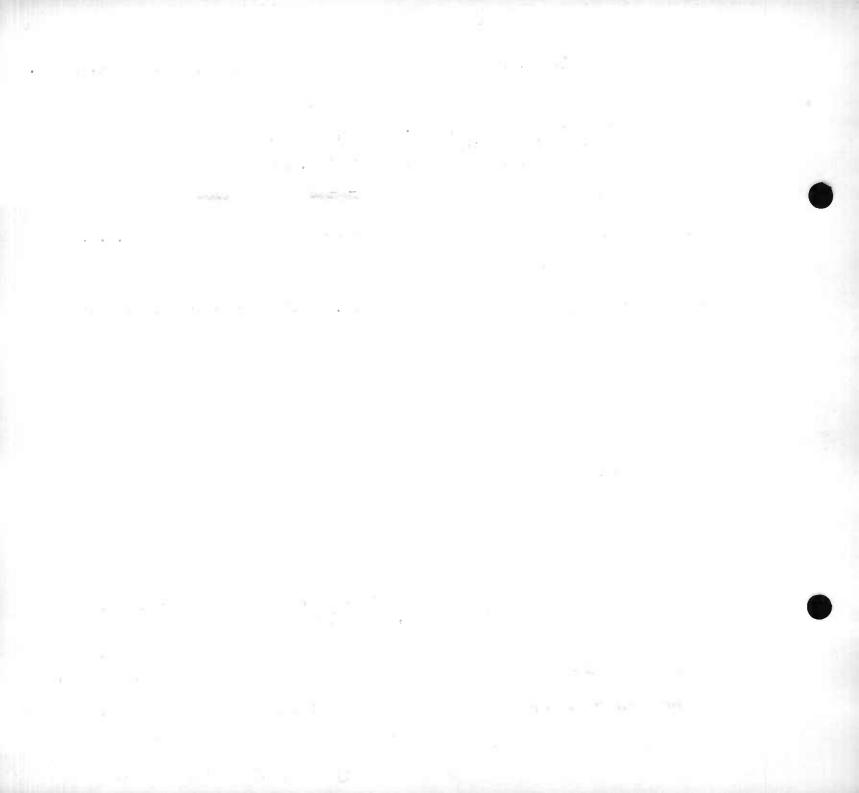


B-635 70 99920	BALTIMORE CITY HEA	ALTH DEPARTMENT		70 00920
BIRTH NO.	CERTIFICATE	OF DEATH	REG. NO	10 00000
1. NAME OF DECEASED GEORGIA			NO HOUR OF DEATH	
(Type or Print) GEORGIE BURTON		-	1/24176	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	USUAL RESIDENCE (Who	ere deceased lived. If i	nstitution: residence before admis
FULL NAME OF THE NOT IN HOSPITAL OR INSTITUTO	l A. s	MARYLAND	NIY	1000
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	IN, GIVE STREET	CITY OR TOWN	D this	SIDE CITY LIMITS?
NSTITUTEN JOHNS HOPKINS HOSPIT	IAL	BALTIMORE		YES NO
BALTIMORE, MD 21205	E. 5	STREET AND NUMBER	•	153 KJ 140 CJ
33		918 N. CAR	OLINE CTO	CCT
SEX 6. RACE 7. MARRIED 1	NEVER MARRIED 8. D	ATE OF BIRTH	9. AGE (In yours lost birthday)	II Under 1 Yr. II Under 24
FEMALE NEGRO WIDOWED T	=	2-20-01		Months Doys Hours M
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS		BIRTHPLA CE (Stote or lore	eign countryl	12. CITIZEN OF WHAT COU
House Wife.		DIE	5.	U.S.A.
13. FATHER'S NAME		MOTHER'S MAIDEN NA	3,6	U.J.M.
JOHN HOLMES		MOTHER'S MAIDEN NA	ME .	2
		MARTH	4	
(Tos, no of unknown) (If yes, give wor of dotes of service)	SECURITY NO.	NFORMANT	1 /	CAROLINE
NO PI	18-07-4050 N	MARY MA	WNS	CARDYNALE
18.4/2,21	CAUSE OF DEATH	1		APPROXIMATE INTERV
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND D
LEADING TO DEATH	(A)IMMEDIATE CAUSE	A COPE)	15 VIV
(This does not meen the made of dying, e.g., heart failure, asthenia, etc. 11 means the disease,	DUE TO, OR AS A CON	SEQUENCE OF:		
injury or complication which caused death.)		100		
ANTECEDENT CAUSES		ASCUD		15 Vr
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS A CO	NSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179B. CONDITION FOR WHICE WAS PERFORMED				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
198 DATE OF OPERATION 198 CONDITION FOR WHICE	CH OPERATION 20	AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
SE U 21A. ACCIDENT WAS INDESTRING TO 1219 91 4		NO		
OR CONTRIBUTINO CAUSE OF DEATH (notify medical exemine)	CE OF INJURY (e.g., in or of orm, foctory, street, office bi	INJURY OCCUR?	(il in Bellime	re City, give exect focotion)
O 210 YIAAS (AA. 4)				
S OF INJURY	URY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.) While Al	Not While			
22. I certify that (1) (this hospital) attended the de	eceased fram 3/	69	19 <u>6 9</u> to	1/20 1970
that (M (we) last saw the deceased alive an	1/20			nlan death accurred an the
and have and from the causes stated above. (1) (Wil	(did) (did-not) viaw +	he bady after deash	the second second second	Sir Ind
23A. SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	no occi and accine		23B, DATE SIGNED
8.0.0 W C-18	Attending	Med.	Stoff Phys.	1/21/17
23C.PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director L	Phys. Ga	11124110
	and the same of	T (11	Pa.	Hon A
RICHARD W. LIGHT M.	D . DEGREE	Johns Ha	your-	11 Julet
24A. BURIAL GREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	To all T	24D. L	OCATION (C)	ty, town, or county) (Stat
DURIAL 1-28-10 DAL	0. Na1. (EM	59412). Md
	EGISTRAR 25	C. FUNERAL DIRECTOR	2	1412 ADDIESS
TOTAL WAY	0 0 0 0	ALVIN VS. 3	CRU665	Preston ST
\$ 150-REV. 1/1/68			Security 2 cm 4	



FUNERAL DIRECTOR:

(-65	4 70		HEALTH DEPARTMENT	REG. NO.	70 00921	
BIRTH NO.		CERTIFICA	TE OF DEATH	KEO. 110		
1. NAME OF DE	G.	7 •		IND HOUR OF DEATH		
2 81 A CE IN BA	John Corr		Janı	uary 24, 19	70 1:27 a.	
S. PLACE IN BA	LITMORE MARTLAND, WI	HERE PRONOUNCED DEAD	A. STATE B. COU	ere deceased lived, If i	institution: residence belora odmissio	
FULL NAME OF	UF NOT IN HOSPITA	L OR INSTITUTION, GIVE STREET	Maryland		1601	
HOSPITAL OR		Hospital, Inc.	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?	
- ^		sion Street	Baltimore		YES 🔀 NO 🗌	
39	-		E. STREET AND NUMBER			
5. SEX		Maryland 21217	1030 W. Fran			
Male	Negro	* MARRIED NEVER MARRIED DIVORCED DIVORCED	8-3-02	9. AGE (In years last birthday)	If Under 1 Yı. II Under 24 Hr Manths Doys Haurs Min.	
10A, USUAL OCC	UPATION (Give kind of work) working file, even if retired)	IOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign cauntry)	12. CITIZEN OF WHAT COUNT	
	ved Laborer		Georgia		U.S.A.	
13. FATHER'S NA			14. MOTHER'S MAIDEN NA	ME	U + D + A +	
Char	les Cornil:	ាំបន				
			Ella Weave:	ī.		
Yes, no or unknown	Ever in U. S. Armed Farce	of service) SECURITY NO.			ADDRESS	
Yes	I K.W.L		Mrs. Hattie (Cornelius (Wife) Same	
18.	2,31	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
DISEA	SE OR CONDITION DIRE	CTLY		4 /		
(This does	not mean the made of	(A)IMMEDIATE CAU	SE Corolary A CONSEQUENCE OF:	arley dise	evze.	
hearl failure.	oshenia, etc. It means t	the disease. DUE TO, OR AS	A CONSEQUENCE OF:			
injury or con	nplication which coused o	death.)			1	
	ANTECEDENT CAUSES	(8)	***			
DISEASES	OR CONDITIONS, il al	ny, giving DUE TO, OR AS	A CONSEQUENCE OF:	*****************	*************	
UNDERLYING	e above couse (Al : G CONDITION lost	slaling the (C)				
	- II	(0/				
OTHER SIGNIE	CANT CONDITIONS CON	TRIBUTING				
I DISEASE OR C	TH BUT NOT RELATED TO THE	ETERMINAL		******		
19A. DATE OF	OPERATION 198 COND	ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	a) 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?	
19A. DATE OF				IN CERTIFYING CA	USES OF DEATH?	
OR CONTRIBI	NT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., ir hame, farm, foctory, streat, of	or obout 21C. WHERE DID	(II In Baltimar	re City, give exoct facation)	
DEATH (notify	medical examined	etc.)	ice sing, INJURT OCCUR?		,	
21D. TIME	(Month) (Day) (Yearl	(Hour) 21E INJURY OCCURRED	21F. HOW DID IN.	IURY OCCUP?		
OF INJURY		While At Nat While	. 1			
		Work At Work				
			nuary 14,	19 70 to Jan	uary 24, 1970	
that (I) (we)	last saw the deceased	olive on January 24,	m o		nian death occurred on the da	
ond hour one	from the couses state	d obave. (i) (We) (did) (did not) vi				
23A. SIGNATURE 23B. DATE SIGNED						
Attending Med. Shoff Sel						
23C. PHYSICAN'S NAME (Type) DEGREE Phys. Director Phys. A January 24, 197						
22.0		and the second second				
AA. BURIAL CRE	MATION, 24B, DATE				ltimore, Maryland	
REMOVAL (Specily) , 248. DATE	24C. NAME OF CHAPTERY OF CREE	WATORY 24D. L	OCATION (CI	lygydwn/jor county) (Stole)	
ourial	1/20//	0 1000/10-11/0	170100/	2/10/15	11de	
SA. DATE REC'D	BY HEALTH DEPT. 2	SB. NAME OF REGISTRAR	25C PUNCTAL DIRECTOR	1. 1.11	100 AL DORESS	
JAN 27	970 (5 5)	rades MAO 0 0	VICCOSHIN TIM	WALL HOURS	19 Manhaden	
C 160 DEV 1/1/	6.0		7, 1000	- Julian	The officer	



DIRECTOR:

FUNERAL

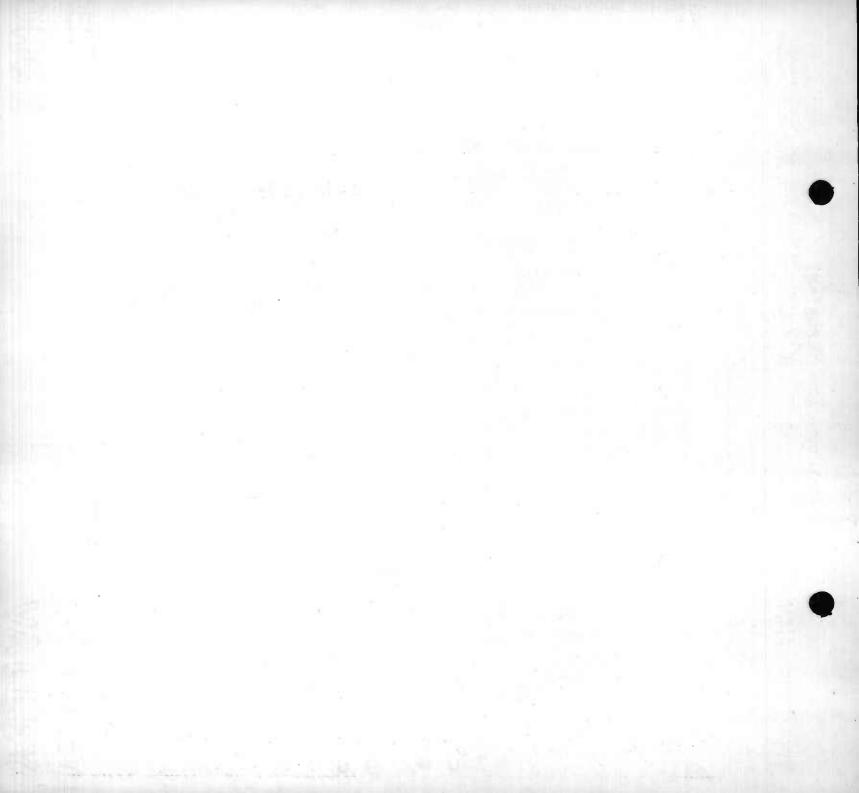
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

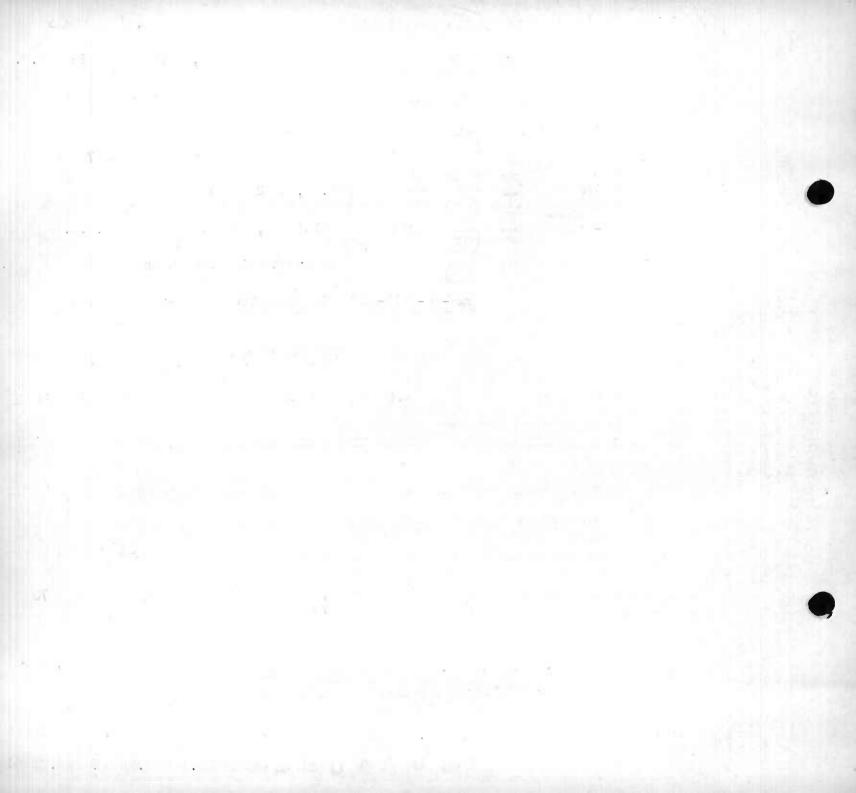
Hours

If Under 24 Hrs.



FUNERAL DIRECTOR: IMPORTANT

1 2-			BALTIMORE CITY	HEALTH DEPARTMENT		
17-35	70 1	11923	CERTIFICA	TE OF DEATH	REG. NO	70 00923
BIRTH NO.	EASED		GERTINIO,		AND HOUR OF DEATH	
(Type or Print)	Sister	Vincent	Adam	Jan	uary 23, 197	0 1:45 A.M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WE A. STATE B. COU	here deceased lived. If it	nstitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland c. CITY OR TOWN	City of Bal	timore 284//
94	Villa Sain	nt Micha	ael	Baltimore E. STREET AND NUMBER		YES 🖽 NO 🗌
				4000 Forest	Hill Road	21207
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost bithday)	If Under 1 Yr. If Under 24 Hrs.
Female	White	WIDOWED		Feb. 7, 1882	01	
	JPATION (Give kind of work working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
Teac	her -retired	Sister	r of Charity	Baltimore,		U.S.A.
3. FATHER'S NA	WE			14. MOTHER'S MAIDEN N.	AME	
Wil	liam Charles	Adam		Margaret E	lizabeth Doy	le
S. Was Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	til yes, give wor or dole	3 01 38141087	219-54-0235-J	1 Sister And:	fea -s	ame address
18.4/10.	9 1		CAUSE OF DEATI	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION DI	RECTLY				SECULE OF SECULE
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE Coronary Occ	culsion	1 day
	ol mean the made of asthenio, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:		
	plicotion which coused					
	ANTECEDENT CAUSES		(e) Arter	iosclerosis		5 years
DISEASES C	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	cobave cause (A)	stoling the	(0)			
ONOCKETING			(c)			
TO THE DEAT	II ICANT CONDITIONS CO H BUT NOT RELATED TO TI	HE TERMINAL				
	OPERATION 19B. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or I	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING TING CAUSE OF		ne, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(II In Boltimo	re City, give exoct location)
21D. TIME	(Month) (Day) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
S OF INJURY			ile At Not While			
(APPROA.) Work At Work						
22. I certify	that (1) (this haspital) ottended t		June,	1952 to Janu	ary 1970
that (I) (we)	last sow the decease	ed olive on	January 20,	19.70 ond	that in (my) (our) op	inion deoth occurred on the dot
ond hour and	from the couses star	red above. (l) (We) (did) (hthat man) v	iew the body ofter death		
23A. SIGNATU	RE					23 B. DATE SIGNED
Damian P. Alagia, M.D. Attending Med. Director Phys. January 23, 1970						
23C. PHYSICIA		,	DEONEE	23D. ADDRESS	rnys. —	
23C. PHYSICIA	ypt /////	11.1	1/1/10/11	227/1	il des	Thene
AA BUBIALOSS	UMMINE	4/	DEGREE	25/10/1	MUNIC	M UNS
REMOVAL (MATION, 24B. DATE	,	AME of CEMETERY OF CRE			ity, town, or county) (Stote)
Burial	1/26/		// "	ael on grounds	s, Seton Ins	
SA. DATE REC'D	BY HEALTH DEPT.	268. NAME 3	PE REGISTRAR	2SC. FUNERAL DIRECTO		W.NORTH AVE.2120
VS 150-REV. 1/1/6	8	200				



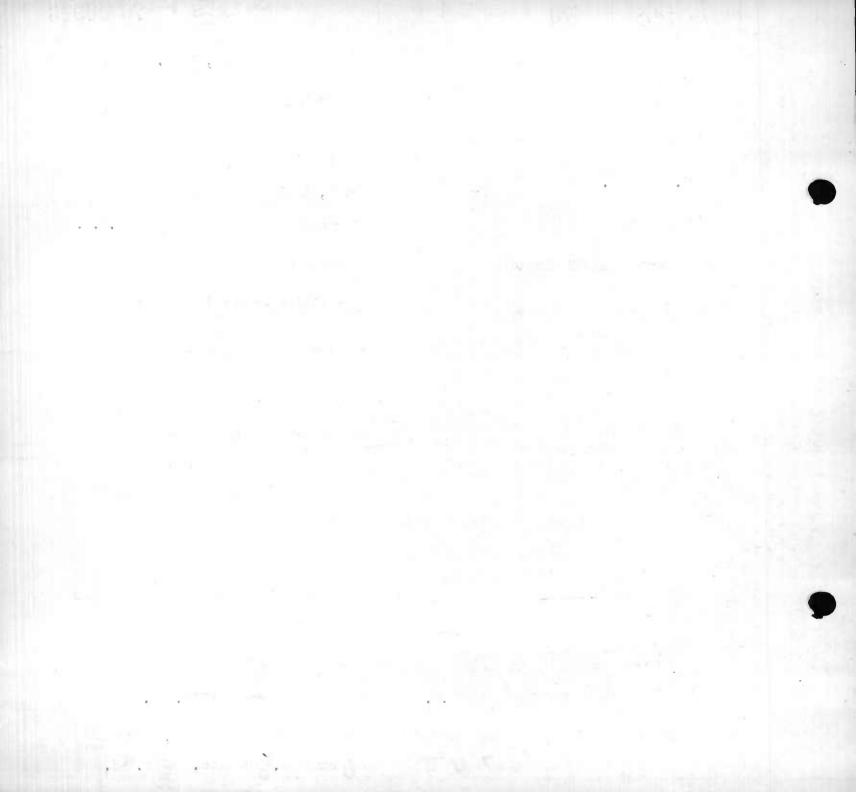
A-450 70 1092	A	HEALTH DEPARTMENT	REG. NO.	70 00924		
BIRTH NO.	CERTIFICA	TE OF DEATH	KEG. NO	10 110064		
(Type or Print) Lother E.	AllEN	2. DATE AND	HOUR OF DEATH	70 1 12:20 11		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	docoosed lived. II in	stitution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	A. STATE B. COUNT		1202		
UNION MEMORIAL	Haspital	BAKEMORK	D. INSI	DE CITY LIMITS?		
HIL NIGHT TOTE MORIAL	170070.	E. STREET AND NUMBER	CAlvent			
WIDOW		6/8/07	AGE (In yoors	II Under 1 Yr. II Under 24 Hrs. Months Doys Haurs Min.		
10A. USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if relired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY		
MORGON P. AllKN		14. MOTHER'S MAIDEN NAM	7	hilds		
15. Was Decoased Ever in U. S. Armed Farces? (Yes,na ar unknown) (If yos, give war ar dates of service	6. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS		
No		Mr. Ronald A	llen, Fal	1ston, Md.		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nat mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving nise to the above cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF: (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED APPROXIMATE INTERTMENT ON A STATE OF DEATH (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) 10 11 120A, AUTOPSY? (Yos or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, all alc.)	or obout 21 C. WHERE DID	(Il In Baltimore	City, give exect location)		
S OF INJURY	While At Not While Work At Work	21F. HOW DID INJU	RY OCCUR?			
22. I certify that (1) (this haspital) attended the deceased fram / /9 / _ 19 70 _ ta / 24/_ 19 70						
that (1) (we) last saw the deceased alive an 1/24/ 19 70 and that in (my) (our) opinion death accurred on the date						
and have and from the causes stated above. (1) (We) (did) (dld nat) view the bady after death.						
23A, SIGNATURE	Atter Phys.	ding Med. SI	off D	238. DATE SIGNED		
23C. PHYSICIAN'S NAME (Typo)	2	3D. ADDRESS UNION N	/	Hospital		
KEMOVAL (Specify)	NAME of CEMETERY OF CREATERY O		Baltimor	e, Md.		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM 111 27 1970 2 8 3 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	e QE, REGISTRAR	I Leonard J.	Ruck, Inc	. Balto. Md.		

Union Memore Warter December 2500 N COST 29 -0819 X 100 00 128 8 3 Burnlebourness Reck - marting the contract of the to the fall on Una Money Wast

70 10925CFRTIFICATE OF DEATH REG. NO.	0925
BIRTH NO.	
(Type or Print) JAMES BULLIAME (=A)	
2 BLACE IN SALTIMORE MARY AND WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where doceosed lived, If institution; resident	1:00 A.
CERTIFICATE AVENTER MADE & COUNTY PORTAGE	co deloto dalmissidi
HOSPITAL OR ADDRESS OR LOCATION)	30-00
BALTIMORE CITY HOSPITALS BALTIMORE YES	NO DOK
E. STREET AND NUMBER	NODY
	ROAD
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yoors II Under 1 Yr. Months: Doys	, If Under 24 Hr
WIDOWED DIVORCED 3/12/96	Hours Min.
10A. USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stolo or foreign country) 12. CITIZEN O	F WHAT COUNT
The state of the s	. A.
3. FATHER'S NAME	. , , ,
DAVID BRUMMELEN MARIE WEYERS	
5. Was Deceased Ever in U. S. Armed Forces? 116 SOCIAL 17 INCOMMEN	pett
SECURITY NO. 130-12-1893 A OCTAVIA BRUMMELEN	KEJJ
C C #130 13 83034	OXIMATE INTERVAL
DISEASE ON CONDITION DIRECTLY	
(This does not mean the mode of dying and	G 140:
heoil loilure, osthenia, etc. Il meons the diseose, injury or camplication which caused death.	
ALOUD	
ANTECEDENT CAUSES (B) CHRONIC ATRIAL FIBRILLATION	8 YEAR
DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS A CONSEQUENCE OF: nise lo lhe obove couse (A) stoling lhe	
UNDERLYING CONDITION lost. (C) 1010 PATHIC MYOCARDITS	-
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19A. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21A. ACCIDENT W	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL CARDIAC CIHRROSIS DISEASE OR CONDITION GIVEN IN PART I (A).	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONS IN CERTIFYING CAUSES OF DEATH	IDERED
IN CERTIFFING CAUSES OF DEATH	*
OP CONTRIBUTING CALLER OF LINE OF THE	lacotion)
DEATH (notify modical examiner) etc.)	
21D. TIME (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At Work At Work	
22 Legalify the (IV) Also to to IV and I do I do	
	19_7 6
ond that in (my) (our) opinion death occi	urred on the dat
and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.	
238. DATE SIGN	ED /
Januar - Coselles M.D. DEGREE Phys. Med. Director Shoff 1/24	170
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	BALTO
JAIME F. CASELLAS MD. 6012 E. PRATT ST.	N.D. 2/22
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY	
Burial 1/28/70. Holly Hill Cemetery Baltimore, Md.	,, (Sigle)
54 DATE SECO BY MEALTH DEST. JOSE MALLE DE ANGELLE	
AN 27 1970 A BELTH DEPT. 258 NAME OF REGISTRARD DESCRIPTION LAMBOUR THE RUCK, Inc. Balto. Md.	2121)1
E 160-DEV 1/1/49	

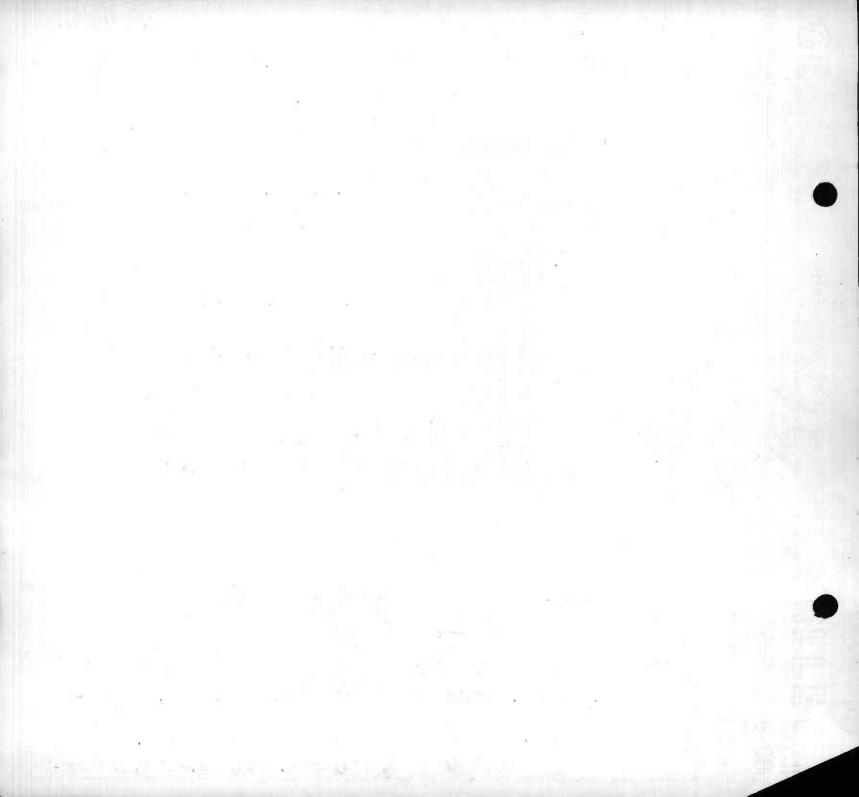
FUNERAL DIRECTOR:

P



FUNERAL DIRECTOR: IMPORTANT

-			BALTIMORE CITY	HEALTH DEPARTMENT		
+-360	70 01	0927	CERTIFICA	TE OF DEATH	REG. NO	70 00927
NAME OF DECEASED	JESSIE	JANE	FETROW		D HOUR OF DEATH	111:45P.
3. PLACE IN BALTIMOI	RE, MARYLAND, WI	HERE PRONOUNC	CED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN		stitution; residence before odmission
FULL NAME OF	F NOT IN HOSPITA	AL OR INSTITUTIO	IN. GIVE STREET	Md.		911.
HOSPITAL OR	ADDRESS OR LOCA	TION)	or to street	C. CITY OR TOWN	D. INSI	DE CITY LIMUS?
2				Baltimore		YES 🕱 NO 🗌
GCUI	D'S CONVA	LESARIUM		E. STREET AND NUMBER	4222 Harfor	rd Terrace
SEX 6. RA	CE	7- MARRIED	NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs Months: Doys Hours Min.
female wh	ni.te	WIDOWED	DIVORCED	Oct. 6, 1886.	83	Williams Boys Hours
		10B. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTR
Housewife				Scotland	1	USA
3. FATHER'S NAME				14. MOTHER'S MAIDEN NAM		0011
	James E. C	ampbell				Stewart
5. Was Deceased Ever	in U. S. Armed Forces, give wer or dates	es? 16	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	9.10 0. 0. 00103		JECORITI NO.	Mr. William Mc]	Laughlin	(Same)
18. /// 0 1	1		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OF	CONDITION DIR	ECTLY			1	BETWEEN ONSET AND DEAT
	ING TO DEATH		LUNGS ASECT A	noce Manaulana	aci dont	12 Hrs
	eon the mode of		(A) IMMEDIATE (C)	A CONSEQUENCE OF:	CCCCCCCC.	
	nia, etc. It means tion which coused		0 1			
ANTE	CEDENT CAUSES		Paton	insoloration	2 Value	15 115
	ONDITIONS, if	aiuina	(B) DHE TO OR AS	A CONSEQUENCE OF	- vandig	10 10
	ove couse (A)		11.	40/0	1	,
UNDERLYING CO	NDITION last.		10 Whole	IN PULLULA	ttyldlyld	<i></i>
	II			The sale	1 00 10.	
	T CONDITIONS CON		Frant	Asyres hox	1-16,146	94
DISEASE OR CONDI	TION GIVEN IN PART	Γ1 (A).	CH ODERATION	20A. AUTOPSY? (Yes or No	I 208 IF VEC WEET	FINDINGS CONSIDERED
19A. DATE OF OPE	MAS PERF	ORMED WHI	CH OPERATION	ZOW WO ION STATES OF NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT W	AS LINDED VING	218 81	ACE OF INITION (a.g.	n or about 21 C. WHERE DID	(I) in Rollimos	e City, give exact location)
OR CONTRIBUTING	CAUSE OF	home,	form, foctory, street, o	ffice bldg., INJURY OCCUR?	in to bounds	a sulf Aug avec legation
21D. TIME (Moi	nth) (Doy) (Yeor)	(Hour) 21 E. IN	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)		While			10 -	
		Work	At Work	10.10	149	11/24 70
22. I certify that	(I) (this hospitel)) attended the	deceased fram	1400	19(1) to 100	VU 19 10
that (1) (we) last	saw the decease	d alive an	fan 29	19 (and th	at in (my) (good) api	nian death occurred on the da
and haur and fram the causes stated above. (I) (We) (did nat) view the bady after death. 23A, SIGNATURE Attending Med. Stoff						
23 C. HYSICIAN'S	1000	o o ca	DEGREE	23D. ADDRESS	1	1
NAME (Type)	Dr. Harold	V. Harb	old	4706 Harford	Road, Balto	, Maryland-14
4A. BURIAL CREMATIO			DEGREE E of CEMETERY or CR			ity, town, or county) (Stote)
REMOVAL (Specify						
Burial	1/20/1			rial Cemetery	Elkridge,	
5A. DATE REC'D BY	THE DEST.	Z NAME 2	ACO C	Lednard Ja Ru		ADDRESS
AN ST BIO	UEUCE C.	Various,	PAP,	Traditation of the	PA, THEDa.	lto, Maryland-ll
	The second secon					



	M-635 70 00928		TE OF DEATH REG. NO.	70 00928			
	ypo or Print) Mart	Frank P.	2. DATE AND HOUR OF DEATH				
3	PLACE IN BALTIMORE MARYLAND, WHERE P	RONOUNCED DEAD	Sr. Jan. 26 19	ution; residence before edmission)			
H	ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	c. CITY OF TOWN _ D. INSIDE	CITY LIMITS?			
4	Baltimore n	de my.	E. STREET AND NUMBER 25/2 Weliffe Roa	d.			
	//) WIDO		8. DATE OF BIRTH, 9. AGE on years lost birthdoy) 7.	Under 1 Yr. II Under 24 Hrs. onlhs Doys Hours Min.			
do	A. USUAL OCCUPATION (Give kind of work 10B. KIN meduring most of working life, even if retired) Refugaration engine	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country) West Virginia	2. CITIZEN OF WHAT COUNTRY?			
	George Mars	tin	Ann Elizabeth Albrigh	t			
(Ye	Wos Decembed Ever In/U. S. Armed Forces? Sino or unknown) (If yes, give wer or doles of sen YOS WW 17	16. SOCIAL SECURITY NO. 206-05-8151	17- INFORMANT	ADDRESS			
-	18. // 2 /	CAUSE OF DEAT	Mrs. Julia E. Martin	Same			
CATION	LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenic, otc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. (A) IMMEDIATE CAUSE DUE 10, OR AS A CONSEQUENCE OF: (B) DUE 10, OR AS A CONSEQUENCE OF: (C)						
CERTIFIC	19A-DATE OF OPERATION 198. CONDITION F WAS PERFORMED		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIND IN CERTIFYING CAUSES	INOS CONSIDERED OF DEATH?			
CAL	21A- ACCIDENT WAS UNDERLYIND OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID (If In Boltimore City in Boltimore City in Boltimore City)	y, give exoci locotion)			
MEDI	21 D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While Al Work Al Work	21F. HOW DID INJURY OCCUR?				
	22. I certify that (I) (the hospital) attended the deceased from fam. 16 19 70 to fam - 26 19 70 that (I) (we) last sow the deceased alive on fam - 26 19 70 and that in (my) (our) opinion death accurred on the date						
	23A. SIGNATURE Attending Med. Stoff Dec. 3.4 10 170						
24.	NAME (Type) V- Chitroplee 23D. ADDRESS North Charles Seneral Hosp						
24/	73 1 3 100001111	Loudon Park Ceme		wn, or county) (Stole)			
25A		O O O	25C. FUNERAL DIRECTOR LOnard J. Ruck Inc. 5305 H	ADDRESS			
VS	150-REV. 1/1/68						

100 The state of the second Marine Marine Same

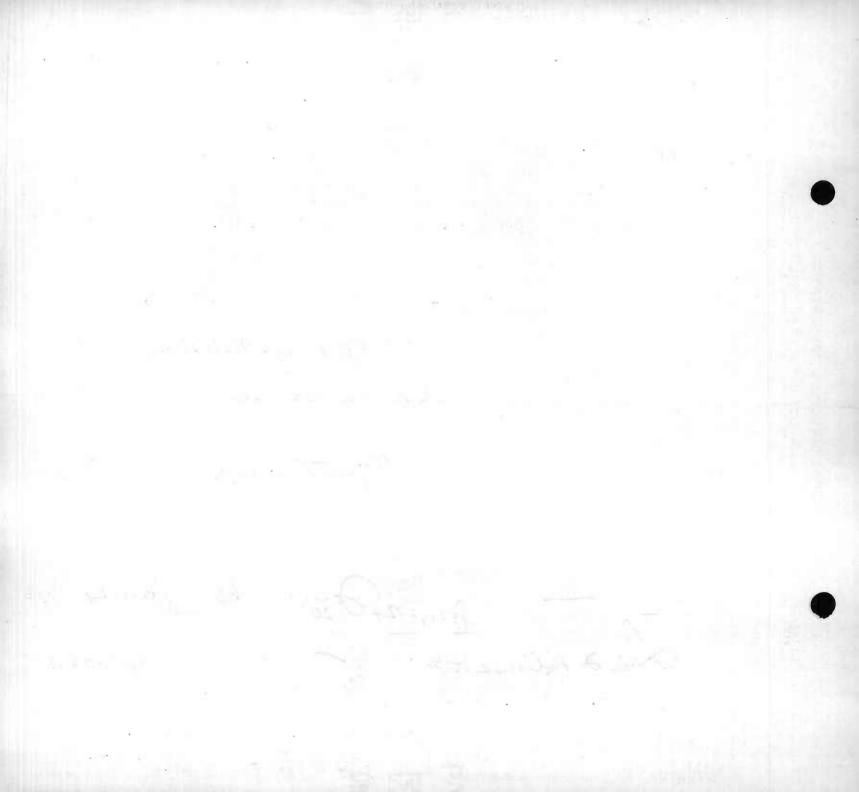
	f-(27, 70 00000 -	Y HEALTH DEPARTMENT REG. NO. 70 90929
1	IRTH NO. NAME OF DECEASED.	ATE OF DEATH
	Type or Print FRITZ, CHARLES V	2. DATE AND HOUR OF DEATH 70 12,30 Pm.
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE IWhere deceased lived. II institution: residence before admission)
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR JOHN D. INSIDE CITY LIMITS?
	UNION MEMORIAL	BALTIMORE YES NO
	44 MOSPITAL	3.148 ELMORA AVENUE
	SEX ALE 6. RACE WITE NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
d d	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if refired)	11. BIRTHPLACE (Stole or foreign country) Md.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	FRITZ CHARLES	MARGARET
(Y	. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
-		Mrs. Margaret E. Fritz Same
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DECOMP, MITRAL BETWEEN ONSET AND DEATH
	heort failure, asthenio, etc. It means the disease	A CONSEQUENCE OF:
	injury at complication which caused death.I ANTECEDENT CAUSES	UMATIC HEART DISEASE
	DISEASES OR CONDITIONS, if gny, giving DUE TO, OR AS	A CONSEQUENCE OF:
	ise to the above cause (A) stating the UNDERLYING CONDITION lost.	RAILURE - CHRON. CIRTIOSIA
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CHRON	PYELONEPHRIPIS
CERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OP OPERATION 1998 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY3 (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CALCE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., in home, form, foctory, street, old etc.)	or obout 21C. WHERE DID (If In Boltimore City, give exoct location)
MEDI	21D-TIME (Month) 1Doy) (Year) (Houd) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) I this hogest Work Not While	
	22. I certify that (1) (this hospital) attended the deceased from 01 that (1) (we) last saw the deceased alive on 01 - 2-5	-10 - 70 19 70 to 01 - 26 19 10
	The december of the different contract of the	19 dend that In(my) (que) opinion death accurred on the date
	and haur and fram the causes stated abave. (1) (#6) (did) (did not) vi	lew the bady after death. 23 R, DATE SIGNED
	Diagram Phys.	Med. Stoff Ta
	NAME (Type) 7 Faul MIKILI 2	THE UNION MEMORIAL HOSPITAL
24.	Burial CREMATION, 248. DATE 24G. NAME of CEMETERY of CREMENT AND 24G. NAME of CEMETERY OF CREMENT AND 24G. NAME OF CEMETERY OF CEMETERY OF CEMETERY OF CEMETERY OF CEMETERY OF CEMETERY OF CEMETERY OF CEMETERY OF CEMETERY OF CEMETERY O	MATORY 24D. LOCATION (City, lown, or county) (Stote)
25	AN 27 1970 Table & E. San Marie Of REGISTRAR	Paltimore Maryland 25C, FUNERAL DIRECTOR Part Address Lecthard J. Ruck Inc. 5305 Harford Rd. 21211
TVS	150-REV. 1/1/68	The property of the state of th

FUNERAL DIRECTOR:

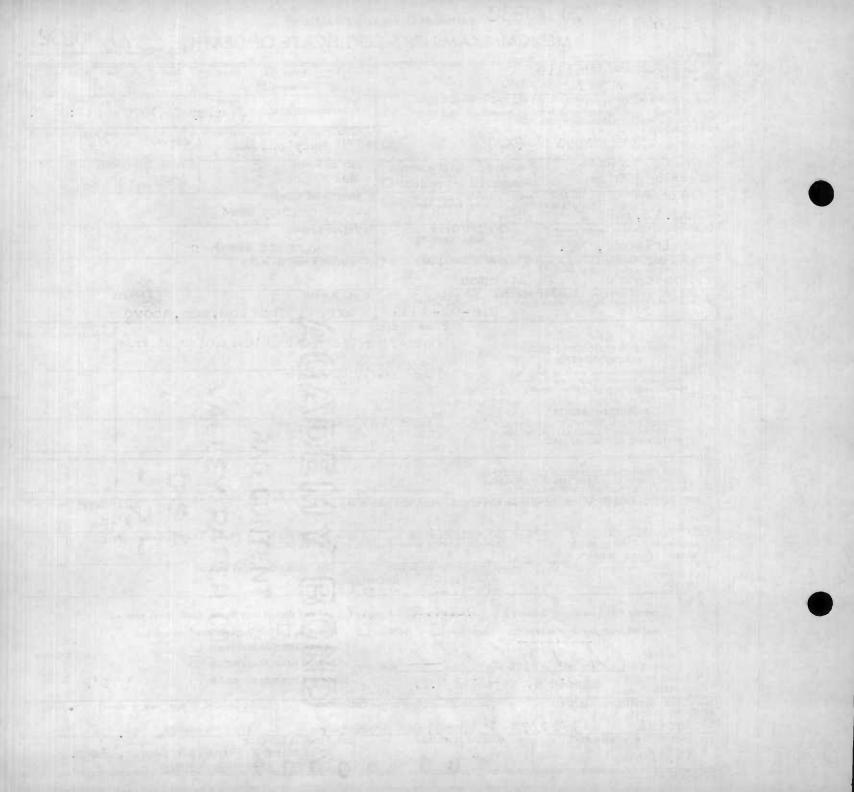
TERT HO. TO 0930 CERTIFICATE OF DEATH REG. NO. TO 1930 CERTIFICATE OF DECRASED TO 1930 TO 1930 CERTIFICATE OF DECRASED TO 1930 TO	SHEARS , JOSEPH M. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD LL NAME OF ADDRESS OR LOCATION) STITUTION BALTIMORE, MD. 21228 SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED TO DIVORCED TO DIVORCED TO DIVORCED TO THE PRONOUNCED TO DIVORCED TO DIVORCED TO DIVORCED TO THE PRONOUNCE OF	2. DATE AND HOUR OF DEATH 1-22-70 4. USUAL RESIDENCE (Whore decoased lived, If institutions residence before as A. STATE B. COUNTY MARY LAND BALTO C. CITY OR JOWN BALTI MORE E. STREET AND NUMBER 301 LEE DRIVE #21228 8. DATE OF BIRTH 9. AGE (In yours of birthdoy) 9. 4 Manths: Days Haurs: 103 /28/87 82	5 A
NAME OF DECENSED YEAR OF ARION SHEARS JOSEPH M. PAACE IN SALTIMORE, MARTLAND, WHIZE FRONDUNCED DEAD ULL NAME OF GROOT IN HOSPITAL OR INSTITUTION, GIVE STREET AGRES HOSP. WILKENS & CATON ST. AGRES HOSP. WILKENS & CATON BALTI MORE, MD. 21228 STR. AGRES HOSP. WILKENS & CATON BALTI MORE, MH TE WIDOWASD DIVORCED ON ANTIN HOSPITAL OR INSTITUTION, GIVE STREET AUSTRAL OCCUPATION (GIVE MARKED) NO WHAT PART AND NUMBER STREET	SHEARS , JOSEPH M. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD LL NAME OF SPITAL OR ADDRESS OR LOCATION) STILL NAME OF ADDRESS OR LOCATION) STILL NAME OF ADDRESS OR LOCATION) STILL NAME OF ADDRESS OR LOCATION) STILL NAME OF ADDRESS OR LOCATION ST	2. DATE AND HOUR OF DEATH 1-22-70 4. USUAL RESIDENCE (Whore decoosed lived. If institution: residence before as A. STATE B. COUNTY MARY LAND BALTO C. CITY OF TOWN BALTI MORE D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER 301 LEE DRIVE #21228 8. DATE OF BIRTH 9. AGE (In yours lift Under 1 Yr. Hours) O3 /28/87 82	5 A
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19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED YES 18 CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout of conversation) 18 CERTIFYING CAUSES OF DEATH? 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 18 CERTIFYING CAUSES OF DEATH? 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Manth) (Doy) (Year) (Hour) (H	10 THE DEATH RITE NOT DELATED TO THE TERMINAL	V	
VES IN CERTIFYING CAUSES OF DEATH?	19A-DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION	20 A A 114 A 244 A V	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Manth) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that XI) (this hospital) attended the deceased from 1-7- 1970 to 1-22- 19 70 that (I)X(we) last saw the deceased alive on 1-22 19 70 and that InX(my) (aur) apinian death accurred on the date and haur and from the causes stated above. (N) (We) (did) (Math) (We) (did) (Math) (We) (did) (Math) (We) (did) (Math) (We) (Me) (did) (Math) (We) (Me) (Me) (Me) (Me) (Me) (Me) (Me) (M	WAS PERFORMED	VCC IN CERTIFYING CAUSES OF DEATH?	
21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While AI Work AI Wo	21A. ACCIDENT WAS UNDERLYING TO 1218 BLACE OF WHITE		
215. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 216. THOW DID INJURY OCCUR? While AI Wark 22. I certify that (I) (this hospital) attended the deceased from 1 - 1/- 19/0 ta 1 - 22 - 19/0 that (I)(we) last saw the deceased alive an 1 - 22 19/0 and that In(my) (aur) apinian death accurred an the dat and haur and from the causes stated above. (I) (We) (did) (AMATAN) view the bady after death. 236. PHYSICIAN'S NAME (Type) Attending Med. Director Phys. (I) (II) (III) (I	OR CONTRIBUTING CAUSE OF hame, form, fociory, sireet a	in or obout 21 C. WHERE DID Iffice bldg INJURY OCCUR? (If in Boltimore City, give exact lacation)	
OF INJURY (APPROX.) While AI Wark While AI Wark While AI Wark 22. I certify that XI) (this hospital) attended the deceased from 1-17-19/0 ta 1-22-19/0 that (IX) (we) last saw the deceased alive an 1-22-19/0 and that In(My) (aur) apinian death accurred an the dat and haur and from the causes stated above. (IX) (We) (did) Add Not Velew the bady after death. 23A. SIGNATURE Aftending Med. Stoff Phys. (X) 1-22-70 23C. PHYSICIAN'S NAME (Type) Aftending Med. Director Phys. (X) 1-22-70 23D. ADDRESS ST. AGNES HOSP. WILKENS & CATON AVE	DEATH (natify medical examined etc.)		
While AI Work Nat While Nat While Nat While Nat While Nat While Nat Wark		21F. HOW DID INJURY OCCUR?	
22. I certify that XI) (this hospital) attended the deceased from	(APPROX.) While AI Not While	le 🗀	
that (1)(we) last saw the deceased alive an 1-22 19 70 and that in (my) (aur) apinian death accurred an the date and have and from the causes stated above. (1) (We) (did) (AMA) view the bady after death. 23A. SIGNATURE Attending Med. Director Phys. 1-22-70 23C. PHYSICIAN'S NAME (Type) AME (Type)	At Walk		
that (1)(we) last saw the deceased alive an 1-22 19 70 and that In(my) (aur) apinian death accurred an the data and haur and from the causes stated above. (1) (We) (did) (and North view the bady after death. 23A. SIGNATURE Attending Med. Director Phys. 1-22-70 23C. PHYSICIAN'S NAME (Type) ARE ALL MAN DEGREE ST. AGNES HOSP. WILKENS & CATON AVE		1-1/- 19/0 to 1-22- 19	70
23A. SIGNATURE Attending Med. Director Phys. 1 - 22 - 70 23C. PHYSICIAN'S NAME (Type) A. AFZAL M.D. DEGREE ST. AGNES HOSP. WILKENS & CATON AVE	hat (1) (we) last saw the deceased alive an 1-22	19 70 and sheet (XX) ()	
23A. SIGNATURE Attending Med. Director Phys. 1 - 22 - 70 23C. PHYSICIAN'S NAME (Type) A. AFZAL M.D. PEGETS ACROSS ST. AGNES HOSP. WILKENS & CATON AVE		and that in my (aur) apinian death accurred on the	he do
Attending Med. Stoff M 1-22-70 23C. PHYSICIAN'S NAME (Type) A. AFZAL MT	3A. SIGNATURE	view the bady after death.	
23C. PHYSICIAN'S NAME (Type) A. AFZAL MT DEGREE Phys. Director Phys. Director Phys. DIRECTOR P	MINIA MYD	4	
NAME (Type) A AFZAZ MT) 23D. ADDRESS ST. AGNES HOSP. WILKENS & CATON AVE	Phys	s. Director Phys. 1-22-70	
SI. AGNES HOSP. WILKENS & CATON AVE	NAME (Type)	23D. ADDRESS	
DECISE	M.H-ZAZ 191)	CT ACNEC HOOD	VE
	BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CRE		
REMOVAL (Specify) (State)	REMOVAL (Specify)	MATORY 24D. LOCATION (City, town, or county) (S	State)
Burial Jan. 26,1970 Loudon Park Cem. Balto. Md.	urial Jan. 26,1970 Loudon Park Cem.	Balto, Md.	
DATE REC'D BY HEALTH DEPT. 256. NAME OF BEGISTRAR 255C. FUNERAL DIRECTOR DATE AND ADDRESS	DATE REC'D BY HEALTH DEPT. 258. NAME OF BEGISTRAR		
AN X BALTO. Md. 21229 ADDRESS	IN R. I. IRIN CORPORE TO LONGO W. D. O. D. D.		
THE TOTAL PROPERTY OF THE PARTY	50-REV. 1/1/68	G. Truman Schwab 5151 Balto. National Pike	е

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FUNERAL DIRECTOR:



MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	70 10932
I. NAME OF DECEASED Mollie	2. DATE Known Month Day	Year Hour
(Type or Print) AMANDA THURLOW	OF DEATH Estimated	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD January 24,1970	М.
UNION MEMORIAL (DOA)	S. USUAL RESIDENCE (Where deceased lived. If Institution: re A. STATE Maryland B. COUNTY	273/
6. SEX 7. RACE B. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN Baltimore D. INSIDE CITY	
9. DATE OF BIRTH Aug. 15, 1886 10. AGE (In years # Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.	E. STREET AND NUMBER 4000 Century Road	L NO L
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Baltimore, Md. 14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR	Garrett Hughes	
done during most of working life, even ifretired) Housewife at home	?	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or dotes of service) 216-03-5035	Carroll Thurlow, son, above	
19. CAUSE OF DEA		APPROXIMATE INTERVAL
LEADING TO DEATH	CAUSE	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
(c)		
CO		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED [2]	I. AUTOPSY? (Yes or No)
0		no
VINDEDIVING TOR CONTRIB	in or obout 22C. WHERE DID (If in Boltimore City, give exact to bidg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX)	22F. HOW DID INJURY OCCUR?	
	VORK	
1 certify that I held on Inquiry Inspection X Au resulted from: Notural causes X Accident Suicia	topsy ond that on this basis, death in my opi	Inton
Accident Solicit	CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE held Whan M.D.	ASSISTANT MEDICAL EXAMINED	DATE SIGNED
EXAMINER'S Ronald N. Kornblum, M.D.		1/25/70
24A. BURIAL CREMATION, PARENT PRINCE PARENT	(all)	county) (Stote)
Burial 1/27/70 Woodlawn (25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Cemetery Baltimore, Mo	RESS
JAN 27 BILL AREA ON	Schimunek Funeral Home	
VS 151-REV. 7/1/68		



BALTIMORE CITY HEALT MEDICAL EXAMINER'S CE	
BIRTH NO	RTIFICATE OF DEATH REG. NO. 70 10933
I. NAME OF DECEASED Nartin (also known as JOHN BLUM-John Thomas Blum)	DATE Known X Manth Day Year Hour OF DEATH Estimoted January 21, 1970
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET)	DATE Month Doy Yeor Hour PRONOUNCED DEAD
[A.	USUAL RESIDENCE (Where deceosed lived, Il institution: residence before admission) STATE B. COUNTY
1822 Eastern Avenue 6. SEX 7. RACE 8. MARRIED NEVER MARRIED C.	Maryland CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED Separated	Baltimore YES ☒ NO ☐
9. DATE OF BIRTH 10. AGE (In years W Under 1 Yr, ii Under 24 Hrs. E. Months, Doys, Hours, Min. Months, Doys, Months, Mo	STREET AND NUMBER 1822 Eastern Avenue
Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY?	. FATHER'S NAME
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15 done during most of working life, even if relired)	Martin Blum . MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18.	Mary Veystrk INFORMANT ADDRESS 21221
(Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	Agnes Holy, sister, 253 Regester St.
19. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE CAUS	se Carcinoma of larynx
(This does not meon the mode of dying, e.g., heart loilure, osthenio, etc. it means the disease, injury or complication which coused death.)	CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A	A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS F	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS F	PERFORMED 21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., In o	or about 22C, WHERE DID (If in Boltimore City, give exact location) dg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH.	
OF INJURY (APPROX.) WHILE AT WORK AT WORK AT WORK	ILE
23. I certify that I held on Inquiry Inspection X Autopa	sy ond that on this basis, death in my opinion
resulted from: Notural couses Accident Suicide	Homicide Undetermined manner
ACTUAL SIGNATURE CLASS STATEMAD.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER January 22, 1970
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or (REMOVAL (Specify)	
Burial 1/24/70 Sacred Heart 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Cemetery Baltimore, Md. 25C. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc.
AN 27 1970 (480 E. Salber, M.D.	o 2501 C. Madison St.
VS 151-REV. 1/1/68	

3) 01 China da a da sa co, e. c. AND FOR SEPTEMBER

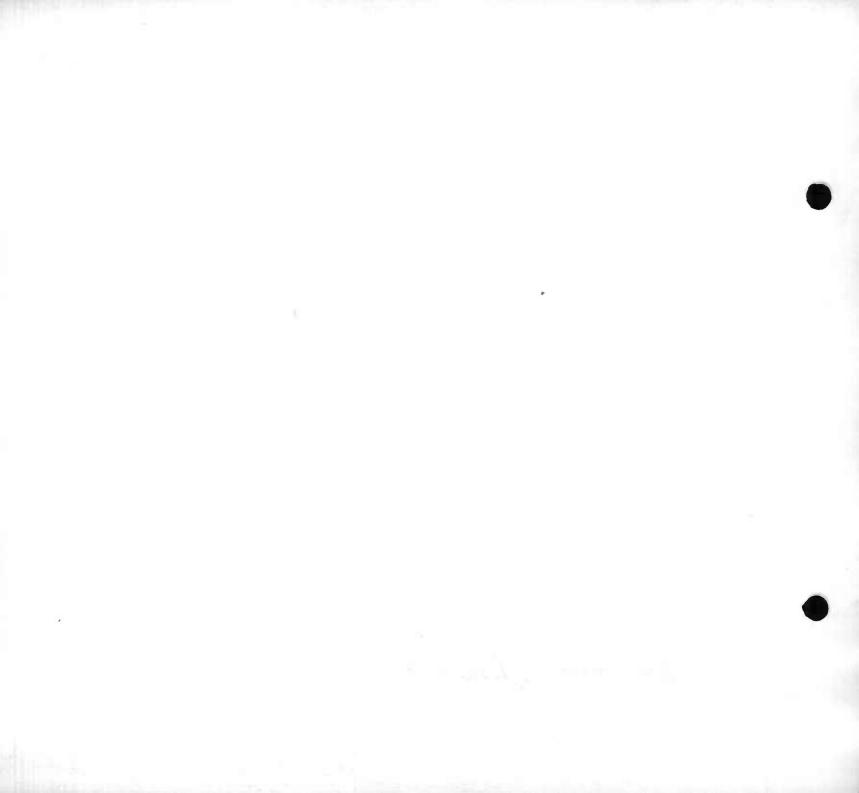
DIRECTOR:

FUNERAL



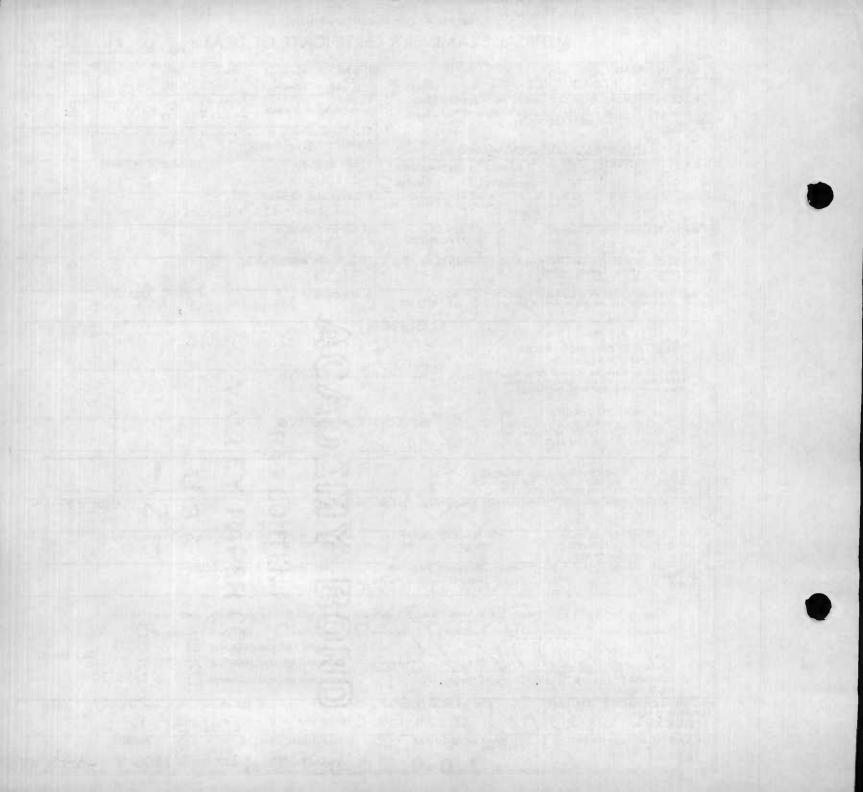


FUNERAL DIRECTOR:



70 111937

W-602	MED	ICAL F		CERTIFICATE OF DEATH REGING 70 00937
BIRTH NO.	MILD	ICAL	-AAMII ALK 5 A	CERTIFICATE OF DEATH REG. NO. 70 10937
I. NAME OF DEC	The state of the s	IGHT		2. DATE Known Month Doy Yeor Hour
4 PLACE IN BAL			IOUNICED DEAD	DEATH Estimoted M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) OR INSTITUTION				PRONOUNCED DEAD January 24,1970 Hour 12:30 P.
	ROVIDENT HOSP	ITAL (I	OOA)	S. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female	Negro	WIDOWED	DIVORCED [Baltimore YES NO
1/5/00	H 10.AGE (In lost birthdo	yeors H Mo	Under 1 Yr. If Under 24 Hrs. nths: Doys Hours Min.	E. STREET AND NUMBER
	tate or foreign country) Ville Va	12.	CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Thad Jones
		48, KIND OF	BUSINESS OF INDUSTRY	RY IS. MOTHER'S MAIDEN NAME
fone during most of w	Arking lile, even if retired)	30		Lydia 70
6. WAS DECEASE Yes, no or unknown)	ED EVER IN U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	MRs Florence Tyler, 910 Penn Ave
19.			CAUSE OF DEA	ATH APPROXIMATE INTERVAL
DISEASES OF RISE TO THE UNDERLYIN OTHER SIGN:	TECEDENT CAUSES CONDITIONS, IF ANY ABOVE CAUSE (A) STAT IG CONDITION LAST. II IFICANT CONDITIONS CO	NTRIBUTING	(c)	AS A CONSEQUENCE OF:
20A. DATE OF	OPERATION 20B. CON		WHICH OPERATION WA	/AS PERFORMED 21. AUTOPSY? (Yes or No)
. 20	NAL CAUSE WAS	loop	DI ACE OF INTURY	no
UNDERLYING	OR CONTRIB-	hom	e, form, foctory, street, office	In or about 22C. WHERE DID (II in Boltimore City, give exact location) te bldg., etc.) INJURY OCCUR?
22D. TIME (OF INJURY (APPROX.)	Month) (Doy) (Year		22E. INJURY OCCURRED NOT WORK AT W	T WHILE WORK
1 certi	REAL ROYALD ROYA	n/c.	Inspection Au Suicident Suicident M.D. M.D.	de
24A. BURIAL CREM REMOVAL (Specific Burial	AATION, 248. DATE	,	MT Auburn	or CREMATORY 24D. LOCATION (City, lown, or county) (Stote) n Cemetry Baltimore Md
JAN 27	BY HEALTH DEPT.	258. NAM	OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
S 151-REV. 1/1/68				of hotpinus paistead 1206 W north AV



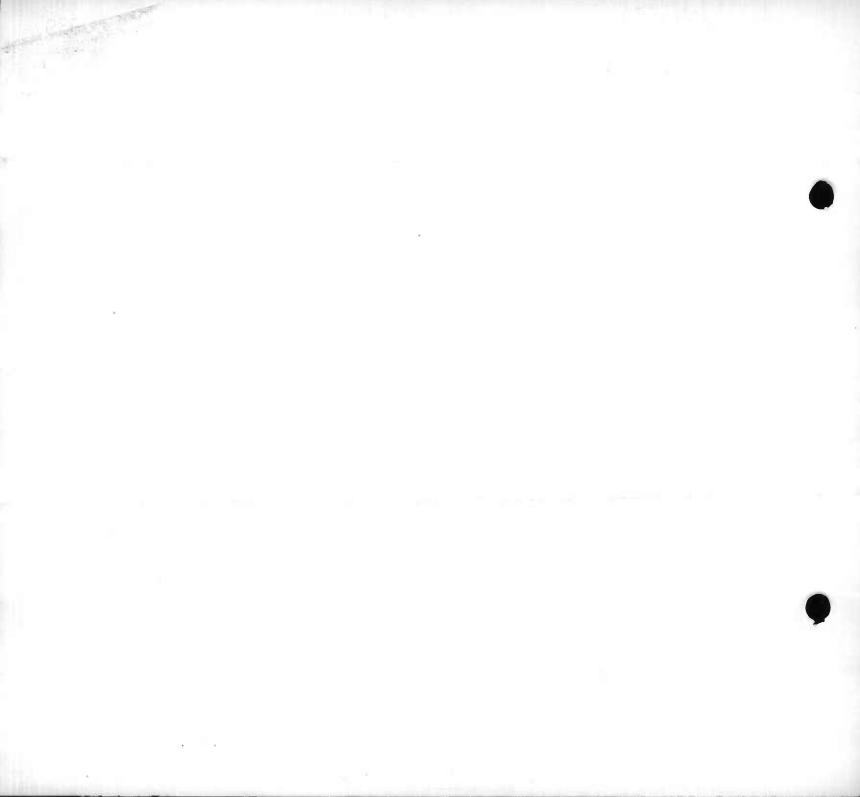
FUNERAL DIRECTOR: IMPORTANT

7-300 70 0093	BALTIMORE CITY	HEALTH DEPARTMENT	70 0000
BIRTH NO.		TE OF DEATH REG. N	10. 70 <u>00938</u>
I. NAME OF DECEASED		2 DATE AND HOUR OF	DE A TIL
Type or Print DOY THOMAS	REED		DEATH
L PLACE IN BALTIMORE, MARYLAND, WHERE P		1/23/70	1 5020 a.
THE PARTITIONS MARIEAND, WHERE P	KONOUNCED DEAD	4. USUAL RESIDENCE Where deceased live	ed. If institutions residence belove admissio
ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION. GIVE STREET	MARYLAND	1/2/11
OSMTAL OR ADDRESS OR LOCATION)	OF THE STREET	- 6070	1007
3.7			D. INSIDE CITY LIMITS?
100	a 1	DALTIMORE	YES 🛛 NO 🗌
INIVERSITY OF MARYLAN	W HOSPITAL	E. STREET AND NUMBER	^
		1813 EDMONDSON	AVE. 21223
	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year lost birthday)	
MALE NEGRO WIDO	WED SEPDIVORCED	11/7/13 5/	Months Days Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRE	11, BIRTHPLACE (State or foreign sountry)	12. CITIZEN OF WHAT COUNT
ine during mast al warking life, even if retired) HAR	VEST WALKER	1 /	12 CHIZEN OF WHA! COUNT
ACHINE OPERATOR STE	EL CO. BROOKLYN	VIRGINIA	U.S.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0. 3.
GORDON REE		11 0,00: - 4	
		"BIRDIE"	
Was Deceased Ever in U. S. Armed Farces? s, no ar unknown) (If yes, give war ar dates of ser	vice) 1 6, SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NKNOWN -		MARY MULE ICO	C
118.	CAUSE OF DEAT	MARY MUSE 1813	EDMONDION AVE.
412.4	CAUSE OF BEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	(.00	DIAC ARREST	DET WEEK ONSE! AND DE
LEADING TO DEATH	A AMAZATOLATE CALL		
(This does not meon the mode of dying,		CONSEQUENCE OF:	***************************************
heort failure, asthenia, etc. It means the dis injury ar complication which caused death.)	ease,	CONSEQUENCE OF:	
	10/11/1	MONARY EMBOLUS	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, if ony, g	iving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************
rise to the above couse (A) stating	the (ATRI	AL FIBRILLATION) ASCL	17
UNDERLYING CONDITION last.	(c)	10 1 10KICCITTON 7-13CV	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING		
TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART) (A).	NAL	***************************************	
19A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES. V	WERE FINDINGS CONSIDERED
WAS PERFORMED			G CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	23.0 01 4.07 0.5 11111111		
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, aff	or about 21 C. WHERE DID (If In Bo	oftimore City, give exact location)
DEATH (notify medical exemined	etc.)	TO STORY OF STREET	
21D. TIME (Month) (Day) (Teal) (Haut)	21E INJURT OCCURRED	215 NOW 6/5	
OF INJURY		21 F. HOW DID INJURT OCCUR?	
(APPROX.)	While At Work Not While At Work		
22 1 - 16 1 1 10 (17)	THOIR - MI THOIR	1	
22. I certify that (1) (this hospital) attend		21 1970 ta	(/23 1970
that (1) we lost saw the deceased alive	on 1/23	19 70 and that in (my) (que	apinian death occurred on the da
			y appeared occurred on the do
and have and from the causes stated above	e. (1) (me) (did) (did nat) vi	ew the bady ofter death.	
COM SIGNATURE			23B, DATE SIGNED
andrew M/ tolo	Atter	ding Med. Staff Phys.	1/22/20
23C. PHYSICIAN'S	DE GREE Phys.		1/20/10
23C. PHYSICIAN'S NAME (Type)	2	BD. ADDRESS	
	LE_ DEGREE	UNIVERSITY OF MARYE	LAND HOSPITAL
	C. NAME of CEMETERT of CRE		
The state of the s	THE PERSON OF CALL	AATORT 24D. LOCATION	(City, town, as county) (State)
Burial 1/30/70	Danville	Virgini	3
A. DATE REC'D BT HEALTH DEET. 258/NA	ME OF TENSTRAR	25C. FUNERAL DIRECTOR	ADDRESS
07 1070 Page 4 04	THE OF THE		
THE VICE LY MALE	3 0 0	Odolphus Halstead	1206 W north AV



FUNERAL DIRECTOR:

M-45	6		BALTIMORE CITY	HEALTH DEPARTMEN	т	MM ()
BIRTH NO.	70	1093	9 CERTIFICA	TE OF DEAT	H REG. NO	70 00939
I. NAME OF DECI	EASED				E AND HOUR OF DEATH	
(Typa ar Print)	Mullen	ct	ales E.			
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESIDENCE	Where deceased lived. If it	nstitution: residence before admission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET			1212
HOSPITAL OR	ADDRESS OR LOCA	TION	TION, GIVE SIKEEI	C. CITY OR TOWN	altimore 10 INS	SIDE CITY LIMITS?
0	,					YES NO
Chence	h Home of	Ho api	lal	E. STREET AND NUMBE	ER	
95				B. DATE OF BIRTH	Rau St.	2/230
SEX .	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.
M	W	WIDOWED[9-5-06	63	Min.
OA. USUAL OCCU	PATION (Give kind of work rorking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNTRY
		Chen	nical Co.	Marylan	1	American
JANEK OF STATES NAM	AE .			Haylan 14. MOTHER'S MAIDEN	NAME	77-12-4-12-4-12-4-12-4-12-4-12-4-12-4-12
of.	10. 2 N	110		4:11,		
S. Wos Deceosed	Le Z M Ever in U. S. Armed For (If yes, give wor or dote	es?	1 6. SOCIAL	17. INFORMANT	an Dorke	ADDRESS
D	(If yes, give wor or dote	s of servicel	JECONIII 110,		6	
18.			2/6-00-38/ CAUSE OF DEATH	7 John Mullen	1509 R	ace St.
1162	, / 1		CAUSE OF DEATI	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DIR LEADING TO DEATH	ECTLY		4.0.	0 1	
(This does no	I mean the made of	dying, e.g.,	(A) IMMEDIATE CAU	SE // argman	y of long	/ year,
hearl failure, c	sthenio, etc. It meons	the disease.	DUE 10, OR AS	CONSECULENCE OF:		' '
	NTECEDENT CAUSES	deom.,		1004		
			(B)	A CONSEQUENCE OF:		******************************
rise to the	R CONDITIONS, if above cause (A)	sloling the	DUE 10, OK AS	A CONSEQUENCE OF:		
UNDERLYING	CONDITION lost.		(c)		****	
7	11					
OTHER SIGNIFIC	CANT CONDITIONS CON	ATRIBUTING				
DISEASE OR CO	OPERATION 198 CON	1 (A).		100 A		***************************************
= 0	WAS PERF	ORMED	HICH OPERATION	ZUA. AUTOPSY? (Fas o	IN CERTIFYING CA	FINDINGS CONSIDERED
21A. ACCIDEN	T WAS HADERIVING	21R	PLACE OF INJURY (a.g., in	or chaut 21 C WHERE DI	061-2-19	
OR CONTRIBUT	ING CAUSE OF	home	, farm, factory, street, of	ica bldg., INJURY OCCUI	R? (It in Ballimor	ra City, give axaci location)
DEATH (Hally)						
OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)		Worl	e At D Not While	' 🗆		
22. I certify t	hat (1) (this hospital)	ottended th	e deceased from 1	ens , 24	19 70 to fa	n. 25 1970
	ast saw the decease					nian deoth accurred on the dole
1			(We) (dld) (dtd_not) vi			doon pecolled on the gold
23A. SIGNATUR	E	0	() (a.a.) (a.a. (a.a.) V	A THE DOUY OTHER GEO	11110	23B DATE SIGNED
	7. 4. 1	7		iding Med.	Shaff Phys.	Λ
23C. PHYSICIAN	rs (7)	~>	DEGREE Phys	3D. ADDRESS	Phys.	Jan. 25. 1970
NAME (Ty	pe)	110.	/ .	4	11 1 11	Tol
4A. BURIAL CREAT	ATION, 24B. DATE		DEGREE	Church		
REMOVAL (Sp	ecily)	24C. NA	ME of CEMETERY or CRE	MATORY 24E	D. LOCATION (Ci	ty, town, ar countyl (Stotel
Burial		0	Cathedral.		Balto. Md.	
DATE REC'D	HEALTH DEPT.	25B NAME O	REGISTRAR	25C. FUNERAL DIREC	A	ADDRESS
AUIINI		7 1	UUU	0 7 3	O Mc Cully	130 E. Fort Av
S 150-REV. 1/1/6	В					



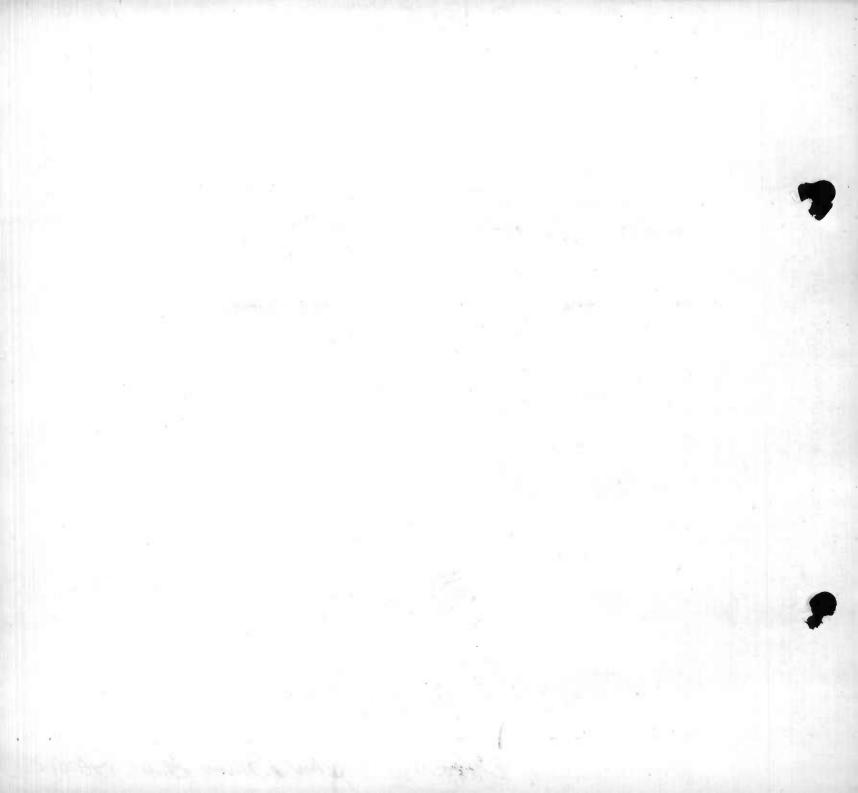
M-	240	70 0	0940	BALTIMORE CIT	HEALTH DEPAR			2000	
BIRTH NO.				CERTIFICA	TE OF DE	ATH ARE	G. NO	70 0094	
1. NAME O	DECEASED		MA		12	DATE AND HOUR	DE DEATH ON	1.23,1970)	
		CAR	OLINEA	MOXLEY		23 Jan	70	1/0-	PM.
3. PLACE	BALTIMORE,	MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE	NCE (Where deceased		om residence before oc	mission)
FULL NAN	DR ADD	OT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLA			620	0
INSTITUTIO	N				STREET		D. INSIDE CI		
22	THE JOH	NS HOP	KINS H	OSPITAL	E. STREET AND I		YES TO S		
90				00111112		PROST 399A	(15EP * x1'	1306= X18)	
5. SEX	6. RACE		7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In	years II L	Juder 1 Yr. If Under	24 His.
FEM		HITE	WIDOWED		5-1-19		" 50 M°	lins Doys Hours	Min.
done during	OCCUPATION (Cost of working life,	oven if retired!	1	BUSINESS OR INDUSTRY	11. SIRTHPLACE (S	tote or lareign country)	12.	CITIZEN OF WHAT CO	OUNTRY?
	sustante		Hon	NEMAKET	WEST	Virginia		U.S.A.	
13. FATHER			miel		14. MOTHER'S MA				
	HARLES					ACHAEL		Smith	
(Yes, no of un	eased Ever in U. known) (If yes, gi	ve wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	usband) 457-4	1963 BEL	ADDRESS	
No				234-24-4130	W. Wilton	1 C. MOXIEY	ICITY E	+ Manyland 2	1154
18.	71 X	1		CAUSE OF DEAT		/		APPROXIMATE IN	ERVAL
	ISEASE OR CO	TO DEATH	RECTLY	Brain	ptem 0	lecomper	setter.	6 M.	o o calli
(This d	ilure, osthenio,	the mode al	dying, e.g.,	(A) IMMEDIATE CAL	SE A CONSEQUENCE O			67.	
injury o	complication	which caused	death.)			0.40			
		NT CAUSES		18 Slis	blas Torr	multy	terme	bush	
DISEAS	S OR COND	ITIONS, IL	ony, giving	DUE TO, OR AS	A CONSEQUENCE	OF:	****************		
UNDER	YING CONDIT	ION last	stotting tile	(c)					
z		11							
O THER S	GNIFICANT CON	RELATED TO TH	IF TERMINAL						
& IDISEASE	OR CONDITION	N 198 CON	T 1 (A).	WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 208, IF Y	ES, WERE FINDIN	IGS CONSIDERED	
23	Jun 70	WAS PERF	1.00 /1	nen	70		YING CAUSES	OF DEATH?	
100 004	TRIBUTING C	NDERLYING AUSE OF	21 B.	PLACE OF INJURY (e.g., i	or obout 27C. WHE	RE DID (III	in Boltimore City,	give exact location)	
DEATH	notity medical ex	ominer)	elc.)						
OF INJU	RY	(Day) (Year)		INJURY OCCURRED Not While		DID INJURY OCCU	R?		
(APPRO)			Worl	k 🗀 At Work					
				e deceased from Z		19 Z 12 to	7	19	مستيانهم
	(we) lost saw				1920	ond that in (my)	(our) opinion d	eoth occurred on ti	ne date
23A. SIG	r and from the	couses stot	ed above (II)	(We) (did) (did not) v	ew the body ofte	r death.			
7		20	. /	M D Alle	iding Med.	Staff C	238. 0	PATE SIGNED	
28 C. PH	SICIAN'S AE (Type)	17	class	BEGREE Phys	3D. ADDRESS	tor Staff Phys.	2:	3 Jan 7 6)
NA	AE (Type)	//			ADDKE33				
24A. BURIAL	CREMATION.	48. DATE	24C. NA	ME of CEMETERY of CRE	MATORY	24D. LOCATION	(City In	n, or county) (S	(tata)
Buris		JAn. 27, 1	2-1	Air MEmorial		BEI Air H			tote)
	EC'D BY HEALT		258. NAME O					3	
IAN 27	19/0 (2	B. A.E. V	A Bed At		130 Ephille	DIRECTOR SOSTER	BH Ai-	Wanditod 91	Shi
S 150-REV.	1/1/6B				- mar	wer Truck	-51116	undillind of	7,7

and project tests estimated streets

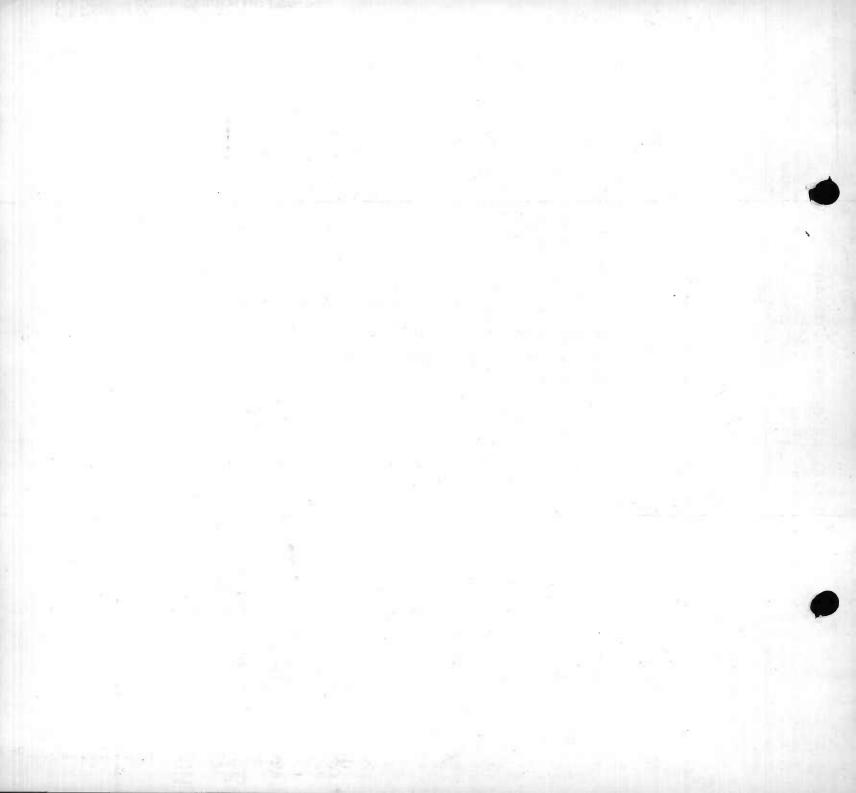
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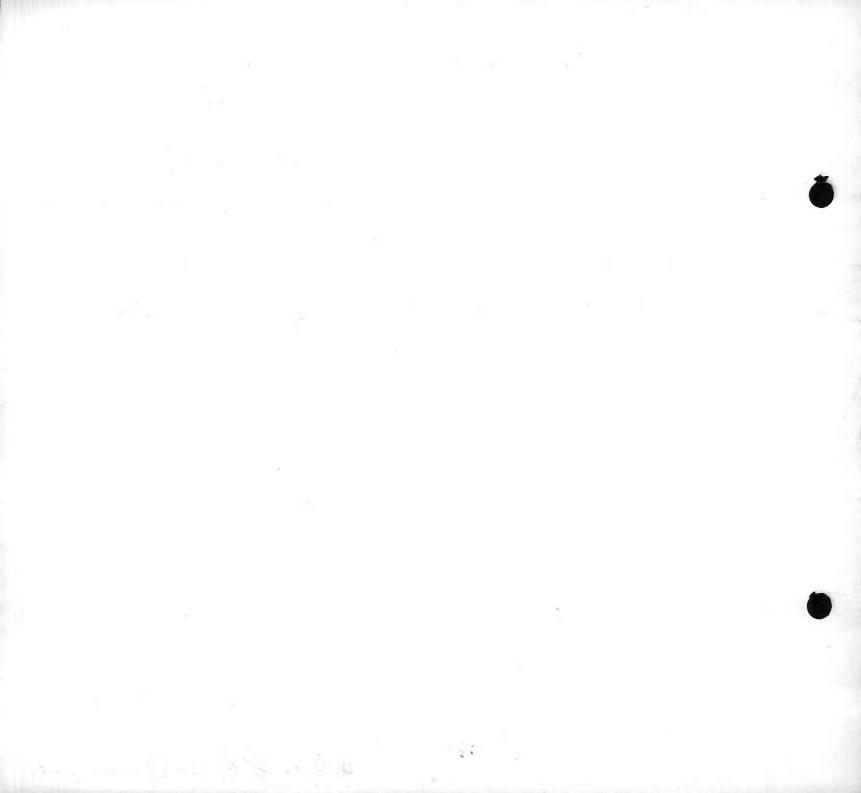
	T-1/2X	BALTIMORE CITY	HEALTH DEPARTMENT	,	70 0004
BID	TH NO. 51 32075	CERTIFICA	TE OF DEATH	REG. NO.	70 00941
1, N	TAME OF PECEASED Collis Cru	c a simes		ID HOUR OF DEATH	40
2	0,000	//		21-76	n: residence before admission)
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PR	DROUNCED DEAD	A. STATE & COUN	TY	n: residence before admission
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	la mines cu	707
IN:	иопити:	. —	13 altimore	D. INSIDE CIT	
	27 Mercy Hosp	, we	E. STREET AND NUMBER		
_	9/		3116 doch	Kaver 7	SORL
5. 5	maki	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years If U Mont	nder 1 Yr. If Under 24 Hrs. ths Days Haurs Min.
104	. USUAL OCCUPATION (Give kind of work 10B, KIN		11-30-01	& MES	
don	e during most of working life, even if retired)	D OF BOSINESS OK INDUSIKI	4	,	CITIZEN OF WHAT COUNTRY?
12	FATHER'S NAME		17.0	md	
134	John P. E	llis	Marle	ne Taylor	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,na or unknown) (If yes, give war ar dates af serv	icel SECURITY NO.	17. INFORMANT	0	ADDRESS
	No	NONE	MR. JOHNEC	LIS 31/66	Ch RAVIEW Rd.
	18. 7 46.71	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Carro 7	. I bent die	in since best
	(This does not mean the made of dying,	e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:	M TOUTH GOVERN	>)1 MCC GEVIL
	heart loilure, osthenia, etc. It means the dise injury or complication which caused death.)	ase,	A GONDE GOENGE, GAT.		1
	ANTECEDENT CAUSES	-	700		
	DISEASES OR CONDITIONS, il ony, gi	ving (B)	A CONSEQUENCE OF:	7 . 1	
	rise to the obave couse (A) stoling UNDERLYING CONDITION lost.	the Conge	stive heart	Janlan	2-3 w/cs
	II.	· · · · · · · · · · · · · · · · · · ·		,	
JON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI		Jours Sy	ndrme	1: nee birth
CAI	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDIN	GS CONSIDERED
ERTIFI	WAS PERFORMED	ok milati orekanok	2010/313 (100 01 110	IN CERTIFYING CAUSES	OF DEATH?
AL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 & PLACE OF INJURY (e.g., i hame, form, factory, street, of etc.)	n at about 21C. WHERE DID fice bldg., INJURY OCCUR?	(II in Boltimore City,	give exoct lacation)
DIC	21 D. TIME (Manth) (Dayl (Year) (Hour)	21 E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
ž	OF INJURY (APPROX.)	While At At Work			
	22. I certify that (I) (this hospital) ottend			10 70 00 /-	2/ 19 70
	that (I) (we) lost saw the deceased alive	1	19 70 and th		leoth accurred on the date
	and hour and from the couses stated above				
	23A. SIGNATURE	0		23 %, 0	DATE SIGNED
	SYM	MG OEGREE Phys	nding Med. Director	Staff Phys.	1-21-70
	23C.PHYSICIAN'S NAME (Type)	· VEGREE	23D. ADDRESS	1.	- (/
	Soung Y	O & N HUh DEGREE	//	very M	8y. 10
24/	REMOVAL (Specify) 248. DATE 24		MATORY 24D. L	OCATION (City, tow	n, of county) (State)
1	BURIAL 1-23-70 1		HETERY L	ALTO, Md	
25/	DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	250. FUNERAL DIRECTOR	Zulling our	ADDRESS PL
1	150-REV. 1/1/68	7770 0 0	SK Bridgers C	174 JAG	TOCKAIR 14
	1 W - 1 1 1 1 1 V W				

A see since the second second second second second



1 101	BALTIMORE CIT	Y HEALTH DEPARTMENT	70 00943
L-656 70 0	0943 CERTIFICA	ATE OF DEATH REG.	No
BIRTH NO.	OUTO CERTIFICA	2, DATE AND HOUR OF	DEATH
1. NAME OF DECEASED (Type or Print)			DEATH 1120
DR PHIL	ID F. LERNA	JAN 23	ived. If institution; residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE 8. COUNTY	1 H U
HOSPITAL OR ADDRESS OR LOC.	TAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
INSTITUTION		13 0-1	YES X, NO
3300 PINKNE	Y ROAD	E. STREET AND NUMBER	123 834 110
000000000000000000000000000000000000000		3300 Pinkney R	d
S. SEX 6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In y	eors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
m w	WIDOWED DIVORCED	July 23 1906 64	
	108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during mast of working life, even if retired)		maryland	450
13. FATHER'S NAME		14. MOTHER'S MANDEN NAME	
60-0		L 1	
IS, Wos Deceosed Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dot	es of service) SECURITY NO.	1 2 2 V	
No -	220-44-23		ner Same
1876214 150.	CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY ADEN	CAREINOMA OF RIGH	T LUYE ONTHS
LEADING TO DEATH	(A)IMMEDIATE CA	AUSE S A CONSEQUENCE OF:	
(This daes not mean the made of heart failure, asthenia, etc. It means	s the disease,	S A CONSEQUENCE OF:	
injury ar camplication which caused			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, if		S A CONSEQUENCE OF:	
rise la lhe above cause (A) UNDERLYING CONDITION last,	slaling the		
11	(5)		
O OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING DIA	BETES MELLITUS	20 YEARS
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAI	THE TENTH THE	BEIES MEEELINGS	
U 19A. DATE OF OPERATION 198, COM	NOTION FOR WHICH OPERATION REPORTED OF LUNG	20A. AUTOPSY? (Yes or No.) 208. IF YE	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
9 69 A C WAS PER WAS UNDERLYING	0/3/	in or obout 21C. WHERE DID (If I	n Boltimore City, give exact location
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg., INJURY OCCUR?	n dominiore City, give exact location;
D 21D.TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR	?
OF INJURY	While At C Not W		
(APPROX.)	Work LA At Wor		
22. I certify that (I) (this hespite	4) attended the deceased fram	TUNE 1969 to	JANUAKY 23 19 70
that (1) (we) last saw the deceas	ed alive an 1 23	19 70 and that in (my)	(eur) opinion death accurred on the date
and haur and from the causes sta	nted abave. (I) (Wa) (did) (did not)	view the bady after death.	
23A. SIGNATURE			23B, DATE SIGNED
Alan (Islum	m.p. A	thending Med. Staff Phys.	1-24-70
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	211
NAME (Type)		5907 EWYNY ON	PK AVE.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION	(City, town, or county) (Stote)
REMOVAL (Specify)			have
Sural 1, 421		nuno Balto	1100
2SA. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	250 FUNETAL DILECTO	INC 9610 Reverstown





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5-31	7				COE DEA	TIL REG.	NO		109
BIRTH NO.		0 0094	O CER	TIFICAT	E OF DEA	IH ""	140		140
1. NAME OF DE (Type or Print)	MR	ROLAN	n K.	STEVE	NS 2. D	ATE AND HOUR OF		9701 0	820
3. PLACE IN BA	LTIMORE MARYLAN	ND, WHERE PRON	DUNCED DEAD) 4. A	USUAL RESIDENCE	E (Where deceased li			elore o
FULL NAME OF	(IF NOT IN H	OSPITAL OR INSTI	TUTION, GIVE	STREET	Mayland	XXXX	WXXXX	XX 1	55
NOITUTITZM				C	CITY OR TOWN	·		E CITY LIMITS?	
10M	england (Ben. He	spille	F	STREET AND NU	MRED		YES N	
40				-	2357	era . 1	an	reme	
5. SEX	6. RACE While	7- MARRIED	NEVER MA	ARRIED 8.	DATE OF BIRTH	9. AGE (In ye	oors	II Under 1 Yr.	Under
الر علو		WIDOWED	DIVO	ORCED	3/3/189		78	Months Doys	Surs
done during most of	UPATION (Give kind of working life, even if re	of work 108, KIND C	F BUSINESS OR	INDUSTRY 11.	SIRTHPLA CE (Stote	or foreign country)		12. CITIZEN OF W	HAT C
etired	XXXXX				many	last		US.	
13. FATHER'S NA	Georg	e B. S	tevens	14.	MOTHER'S MAID	EN NAME		1	
	XXXXXXXXX	XXXXXXXXX	XXXXXX		F	11a Batch	ler		
15. Was Deceased (Yes, no or unknown	Ever in U. S. Armo	ed Forces? or doles of service)	1 6. SOCIAL SECURITY	NO. 17.	INFORMANT			ADDRES	
No			218-01		rs. Tenie	Stevens, 2	2357 S	Sidney Ave	. 21
18. 4/	2,3 1			OF DEATH	//			APPROXI	
DISEA	SE OR CONDITION LEADING TO DE		_		mic (4	MAR	7 2 CHARLING	ASEI AL
(This does			(A) IMM	MEDIATE CAUSE	+excor	TONLES	Sade	70	an
	nor mean me moc	e or dying, e.g.		TO OR AS A C	NISECHENCE OF				
heart failure,	asthenio, etc. It m application which co	neans the disease		TO, OR AS A C	ONSEQUENCE OF:				
injury ar car	asthenio, etc. It m	neans the disease oused deoth.)	DUE		Myora.	die hat	nopo		
heart failure, injury ar car	ashenio, etc. It months and a shear of the control	neans the disease nused deoth.) USES if any, aiving	(B)		Myora.	die Int	nghi		*********
DISEASES of the second	aslhenio, elc. II m nplication which co ANTECEDENT CA	neans the disease nused deoth.) USES if any, giving IA) stating the	(B)	TO, OR AS A C	ONSEQUENCE OF:	and Int	nchi		
DISEASES inse to the	asthenio, etc. II m nplication which co ANTECEDENT CA OR CONDITIONS, e above cause	neans the disease nused deoth.) USES if any, giving IA) stating the	(B)	TO, OR AS A C	Myora.	die hat	nchi		
DISEASES inse to the UNDERLYIN OTHER SIGNIE	asihenio, etc. II maplication which ed ANTECEDENT CA OR CONDITIONS, e abave cause G CONDITION las	neans the disease oused deeth.) USES if any, giving IA) stating the it.	(B)	TO, OR AS A C	Myora.	ail ht	nja	= 1.77	
DISEASES ise to th UNDERLYIN OTHER SIGNII TO THE DEA' OTHER SESSEORE	asihenio, etc. II maplication which constitutions, endowe cause G CONDITION las	neans the disease oused deeth.) USES if any, giving IA) stating the it. S CONTRIBUTING TO THE TERMINAL N PART I (A).	(B)	TO, OR AS A C	Mysia. ONSEQUENCE OF				************
DISEASES ise to th UNDERLYIN OTHER SIGNII TO THE DEA' OTHER SESSEORE	asihenio, etc. II maplication which ed ANTECEDENT CA OR CONDITIONS, e abave cause G CONDITION las	neans the disease oused deeth.) USES if any, giving IA) stating the it. S CONTRIBUTING TO THE TERMINAL N PART I (A).	(B)	TO, OR AS A C	Mysia. ONSEQUENCE OF	s or No. 208, IF YES			RED
DISEASES inse lo th UNDERLYIN OTHER SIGNII TO THE DEASE DISEASE OR COMPANDATE OF	asihenio, etc. II m pplication which co ANTECEDENT CA OR CONDITIONS, e abave cause G CONDITION las II FICANT CONDITIONS THIS BUT NOT RELATED CONDITION GIVEN IN FOREATION 198. WAS	neans the disease oused deoth.) USES if any, giving IA) stating the it. S CONTRIBUTING TO THE TERMINAL N PART 1 (A). CONDITION FOR S PERFORMED	(B)	TION	ONSEQUENCE OF: ONSEQUENCE OF: 20A. AUTOPSY?	s or No.) 20B, IF YES	WERE FII		
DISEASES inse to the UNDERLYIN OTHER SIGNII TO THE DEA' DISEASE OR CONTRIBI OR CONTRIBI DEATH (notify)	asihenio, etc. II maplication which constitutions, endowe cause G CONDITION las	neans the disease oused deoth.) USES if any, giving IA) stating the it. S CONTRIBUTING TO THE TERMINAL N PART 1 (A). CONDITION FOR S PERFORMED	(B)	TION	ONSEQUENCE OF	s or No.) 20B, IF YES	WERE FII	NDINGS CONSIDE	
DISEASES ise to th UNDERLYIN OTHER SIGNII TO THE DEA' DISEASE OR CONTRIBUTE OR CONTRI	asihenio, elc. II m pplication which ec ANTECEDENT CA OR CONDITIONS, e above cause G CONDITION las II FICANT CONDITIONS III BUT NOT RELATED CONDITION GIVEN IN FOPERATION 1982. WAS	if any, giving IA) stating the II. S CONTRIBUTING TO THE TERMINAL PART I (A). CONDITION FOR PERFORMED NG 211 F her eld	(B)	TION JURY (e.g., in or	20A. AUTOPSY? No	s or No.) 20B, IF YES	WERE FII	NDINGS CONSIDE	
DISEASES rise lo th UNDERLYIN OTHER SIGNII TO THE DEA' DISEASE OR CO 19A, DATE OF OR CONTRIBUTE OR	ashenio, etc. II maplication which conditions, endowe cause G CONDITION las II FICANT CONDITION GIVEN II OPERATION 198. NT WAS UNDERLY! UTING CAUSE OF medical examines	if any, giving IA) stating the II. S CONTRIBUTING TO THE TERMINAL PART I (A). CONDITION FOR PERFORMED NG 211 F her eld	(B)	TION JURY (e.g., in or	20A. AUTOPSY? No	DID (If In	WERE FII	NDINGS CONSIDE	
DISEASES inise to the UNDERLYIN OTHER SIGNII TO THE DEA' DISEASE OR CO 19A. DATE OF 21A. ACCIDE OR CONTRIBUTE OF INJURY (APPROX.)	ashenio, etc. II maplication which conditions, endowe cause G CONDITION las II FICANT CONDITION GIVEN II OPERATION 198. NT WAS UNDERLY! UTING CAUSE OF medical examines	if any, giving IA) stating the II. S CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR PERFORMED NG 211 hor etc. Year) (Hour) 21E William Wil	(B)	TION JURY (e.g., in or y, street, office URRED Not While At Work	20A. AUTOPSY? No	DID (If In	WERE FII	NDINGS CONSIDE	tion)
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DIRECTOR:

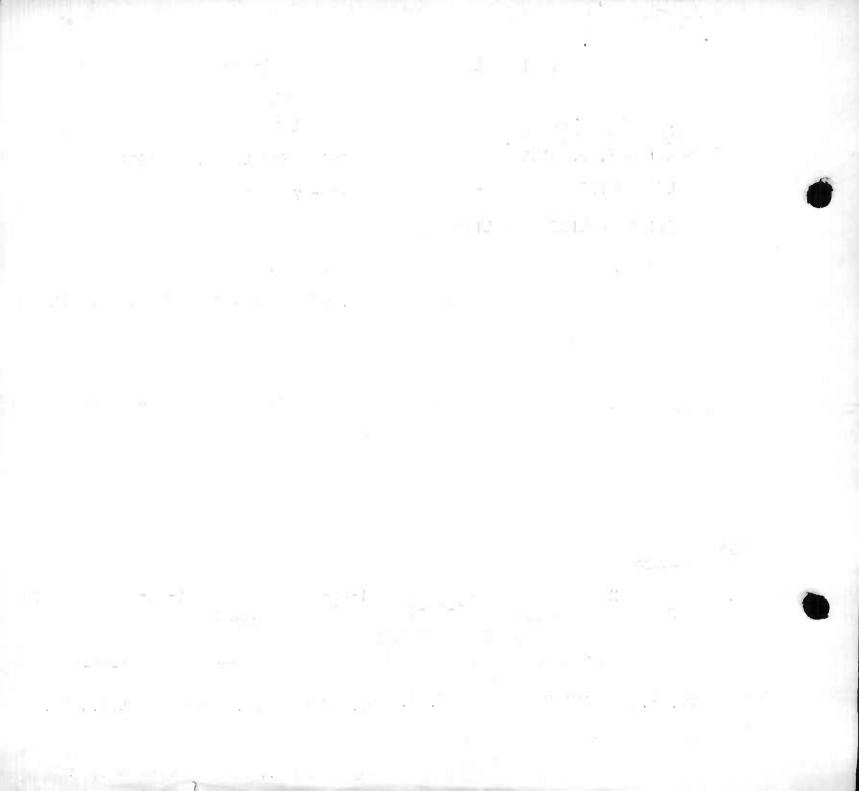
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H-150	70 0094	Q-	HEALTH DEPARTMENT	REG. NO	70.00949
I. NAME OF DECEASED (Type or Print)				AND HOUR OF DEATH	
HOBA		IAEL	1	-22-70	10:55A M
3. PLACE IN BALTIMORE, MAR FULL NAME OF (IF NOT HOSPITAL OR ADDRESS		ONOUNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. COL	UNIY	nstitution: residenca belaia admissian)
WILKENS & CA	SP.		C. CITY OR TOWN MARY LAND	D. INS	YES NO A
BALTIMORE, ME			E. STREET AND NUMBER		21228
MALE 6. RACE WHITE	WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 06-28-97	9. AGE (in years last birthday)	II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
done during most of working life, eyer RET I RED POL	if refired)	OLICE DEPT	Maryland	areign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
Patrick J. Hol	an		Catherine M.		
15. Was Deceased Ever in U. S. (Yes.na arunknown) (If yas, give v		1 6. SOCIAL	17. INFORMANT		ADDRESS
unknown	ret et doies of serv	SECURITY NO. 220-44-9468 CAUSE OF DEAT	ST. AGNES R	ECORD ROOM	CATON & WILKENS
OR CONTRIBUTING CAUS	mode of dying, It means the disch caused death.) CAUSES NS, if any, gives (A) stating last. ONS CONTRIBUTION FOR THE TERMIT PART 1 (A). 198. CONDITION FWAS PERFORMED RETING E OF	ving Ihe (c) August (e.g., in heme, farm, foctory, street, of elc.)	A CONSEQUENCE OF: A PRUTA A CONSEQUENCE OF: A CONSEQUENCE OF: YES	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? e City, give exoci location?
(APPROX)		While At Not While Wark At Wark		IJURY OCCUR?	
22. I certify that (1) (this that (1) (we) last saw the	hospital) attend	ed the deceased from	1-2'2-70 70	_19to	22
		WIII	19.70 and t	hat in (mix) (our) api	nian death occurred on the date
23A. SIGNATURE	ses stated abov	e• 於 (Me) (qiq)(汝文於)(X	lew the body after death	•	
	Ebrahen	- Dhum	nding Med.	Staff Phys.	1-22-70
DR. B. EBRA	HIMY	A D	ST. AGNES HO		
24A. BURIAL CREMATION, 24B. REMOVAL (Specily)		C. NAME of CEMETERY OF CRE			BALTO., MD. 1y. town, or county) (State)
	26/70	New Cathedral Cen		timore, Mary	
VS 150-REV. 1/1/68	A STATE OF THE STA	Sec 0 30 0 0	Otzee, Inch.		ADDRESS Ison Ave., 21228



Marley Neck

258 NAME-OF REGISTRAR

Church yd

Isaiah

25C. FUNERAL DIRECTOR

Arundel county

ADDRESS

Anne

L. Brown &son

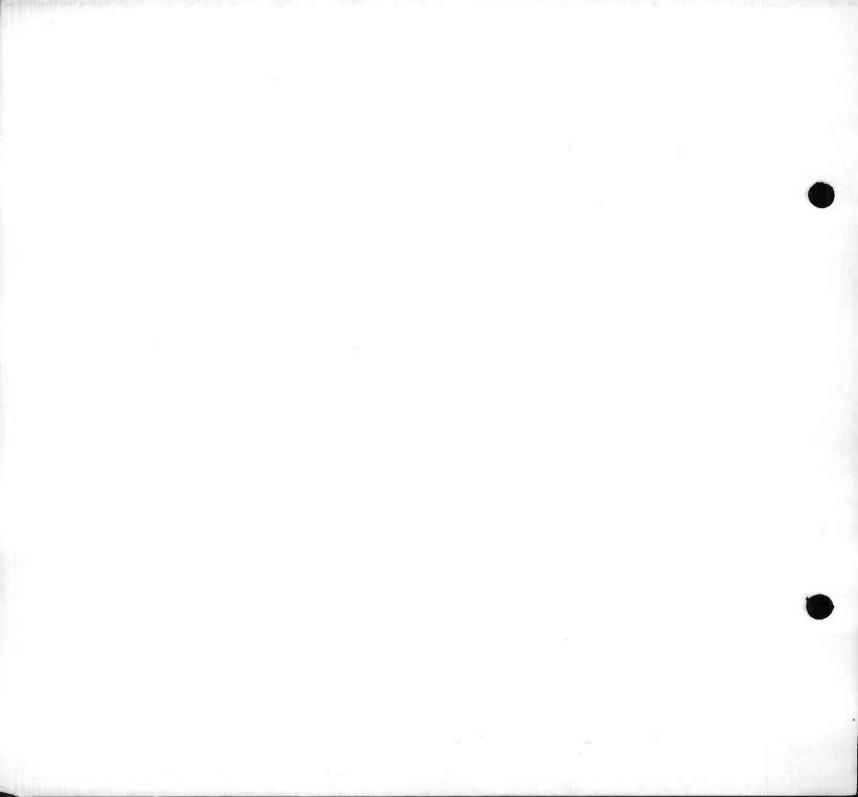
burial

VS 151-REV. 1/1/68

25 A. DATE REC'D BY HEALTH DEPT.

Just be the Land Laborate Harrist Harrist and a significant of the signifi A Contract of the Contract of

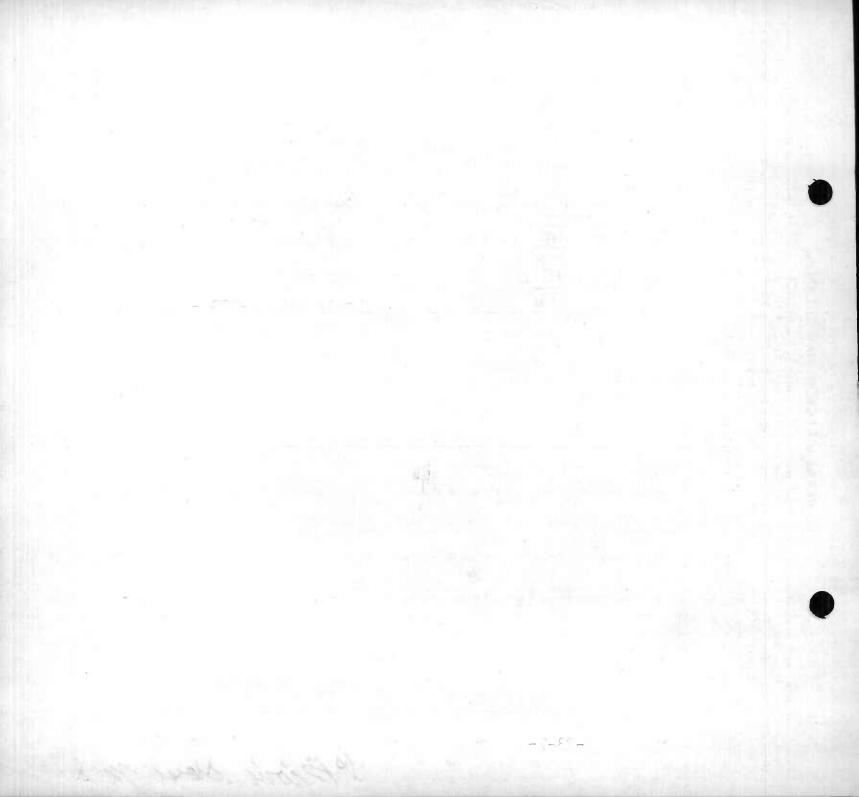
B-650 70		Y HEALTH DEPARTMENT	70 00951
BIRTH NO.	CERTIFICA	ATE OF DEATH REG. NO.	
1. NAME OF DECEASED		2. DATE AND HOUR OF DEA	ATH
LOUISE	BROWN	1/17/70	112-05
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	If institution: residence before edmission
FULL NAME OF (IF NOT IN HOSPHAL OR ADDRESS OR LO	PITAL OR INSTITUTION, GIVE STREET	M.D.	2102
INSTITUTION ADDRESS OF EO	CATION	C CITY OR TOURS	INSIDE CITY LIMITS?
78	- 11	BALTIMORE	YES 🛛 NO 🗌
UNIVERSITY OF MAI	RYLAND HESPITAL	E. STREET AND NUMBER	
S. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In vegs.	217030
FEMALE NEGRO	WIDOWED DIVORCED	lost birthdoyl	Months Deys Hours Min.
OA. USUAL OCCUPATION (Give kind of we	OF BUSINESS OF INDUSTR	1 11. BIRTHPLACE (Stelle or lareign country)	12. CITIZEN OF WHAT COUNTE
dene during most all working life, even if retired HOUSEWIFE			12. CHIZEN OF WHA! COUNTR
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U.S.
LIGHT 1/11	51	MAIDEN NAME	
5. Was Deceased Ever in U. S. Armed Fr	ercas? It social	NOT KNOW	
Yes, no or unknown) (If yes, give wor or do	tes of service) SECURITY NO.	17. INFORMANT	ADDRESS
INKNOWN		LEROY BROWN 86	4 CARROLL ST.
18. 410.91	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL
DISEASE OR CONDITION D		41.70.610.00	BETWEEN ONSET AND DEA
LEADING TO DEATH	(A) IMMEDIATE CA	USE MYCCARDIAL INFARCT	10N 24 ms.
(This does not mean the mode of heart foilure, osthenio, etc. It mean	dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	
injury or complication which couse	d deoth.)	DECLEPATION CHOSE VALUE	24525
ANTECEDENT CAUSE		DSCLEROTIC CARDIOVASCUL	AL SISTERSE
DISEASES OR CONDITIONS, il	any, giving DUE TO, OR AS	A CONSEQUENCE OF:	
UNDERLYING CONDITION lost	(C)		
	(~/************************************		
OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING CIRRHOST	C) of INTERNACION OF THE PARTY	
TO THE DEATH BUT NOT RELATED TO DISEASE OF CONDITION GIVEN IN PA	RT I (A)	S' & INTRINSIC RENAL]	DISEASE
	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Ne) 208. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
0	1976		LAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF		n or about 21C. WHERE DID (II In Beltin	nore City, give exect location)
DEATH (natify medical examiner)	eich		
21 D. TIME (Month) (Dey) (Year) OF INJURY	The state of the s	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not While Work At Work	° 🗆	
22. I certify that (I) (this hospita		1/16 1970 to	1/12
that (1) (we) lost saw the decease	ed alive on 1/17		1/17 19.70
· ·	ted obove. (1) We) did (did nat) v	and that In(my) (aur) a	pinian death occurred on the dole
23A. SIGNATURE	rea cooker (1) (me) (did) (did nat) v	lew the body ofter deoth.	
Andre I made	Alte	nding Med. Stoff 57	23 B. DATE SIGNED
23C. PHYSICIAN'S	Way DEGREE Phys	Director Phys.	1/17/70
NAME (Type)		23D. ADDRESS	
ANDREW M.	DOYLE DEGREE	UNIVERSITY OF MARYLAN	D HOSPITAL
REMOVAL (Specify) 248. DATE	24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, lown, er county) (State)
Removal I-2107		PHILA. PA	
A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FONERAL DIRECTOR	ADDRESS (
JAN ZY 19/U Valley	C. Valley M.S.	p/Drown /	eus his
OAN DE DIO		1000000	to us pins



	70 01	1952	BALTIMORE CITY HE	ALTH DEPA	RTMENT				
(-45	S MEL	ICAL F	EXAMINER'S			DEAT	н	70	00952
BIRTH NC.	74122	ICAL I	-NAMIII ALKO C	2 L I X 1 1 1	CAILOI	DEAT	REG. NO.		
1. NAME OF DEC	JOHN HEN	RY COL	EMAN	2. DATE OF DEATH	Known Estimated	Month	Day	Yeor	Hour M.
4. PLACE IN BALT	IMORE, MARYLAND, Y	VHERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Year	Hour M.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET		UNCED DEAD		y 17, 1		6:45 A.M.
00	117 W. Hil			A. STATE	Maryland		B. COUNTY	2	201
6. SEX	7. RACE	•	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	
Male	Negro	WIDOWED			Baltimore	9	Υ	ES N	0 🗆
9. DATE OF BIRTH	lost birthdo		Under 1 Yr. if Under 24 Hrs. onths Doys Hours Min.	E. STREET	117 W. H	ill Str	eet		
11. BIRTHPLACE (SE	tole or foreign country)		CITIZEN OF	13. FATHER					
MD			WHAT COUNTRY?	John 1	Henry Co	oleman.	-Sr		
done during most of w	ATION (Give kind of work orking life, even if retired)	14B. KIND O	F BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME			- 13.1.1
				Carr:	ie Col r	no 1			
16. WAS DECEASE	D EVER IN U.S. ARMEI	FORCES?	17. SOCIAL SECURITY NO.	18. INFOR				DDRESS	
				Carr	ie Coler	n-n-II	7 W.HI	LL SI	
19.304	9 1		CAUSE OF DEA	TH					OXIMATE INTERVAL EN ONSET AND DEATH
	OR CONDITION DIRE	CTLY							
	EADING TO DEATH		(A)IMMEDIATE C	AUJL	ntravenou	s narco	tism		
heort foilure,	osthenio, etc. It means the	discose,	DUE TO, OR	AS A CONSEG	UENCE OF:				
injury or com	plication which coused de	oin.)							
	ITECEDENT CAUSES		(8)						
RISE TO THE	R CONDITIONS, IF AN'	ING THE	DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYIN	IG CONDITION LAST.		(c)						ellekelt ferligen frama VV trains frama geld
<u></u>	11								
TO THE DEA	IFICANT CONDITIONS C TH BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERMINA	·						
20A. DATE OF	OPERATION 208. CO	NDITION FO	R WHICH OPERATION WA	AS PERFORM	NED	140.00		21. AUTOP	SY? (Yes or No)
1000								Ye	Q
22A. EXTERN	NAL CAUSE WAS ☐ OR CONTRIB-		PLACE OF INJURY (e.g.,			(If in Boltimor	e City, give ex		
B UTING □ CAL	USE OF DEATH.		no, lottin, loctory, street, office	o orago, erc.)	TOOKI OCCORI				
≥ 22D. TIME (I OF INJURY (APPROX.)	Month) (Doy) (Yea			WHILE CORK	2F. HOW DID II	NJURY OCCU	R?		
23.		m.	I AIW	OKK LJ					
1 certi	fy that I held on I	nquiry 🗌	Inspection Au	top sy	ond that on	this basis,	death In my	opinion	
result	ed from: Natura Cou	ses	Accident Suicid	le H	micide 🗌	Undetermir	ed monner		
N DE	11/	111	101		CHIEF MEDICAL	EXAMINER			ATE SIGNED
ACTUAL	IRF \ /////	Mala	Hilly M.D	ASSI	STANT MEDICAL	EXAMINER	X		ALE SIGNED
EXAMINE NAME (T	R'S Tridor	e Mihal	akis, M.D.		CIATE MEDICAL	EXAMINER	□ _{Jan}	uary 18	, 1970
24A. BURIAL CREN REMOVAL (Specific	MATION, 248. DATE		24C. NAME of CEMETERY	or CREMATO		LOCATION		n, or county)	(Stote)
Burial	I-55-		Mount Auburn			altimo		-	
JAN 27	BY HEALTH DEPT.		NE OF REGISTRAR	Is	aiah L.	Brown	& SON-	DDRESS -105 W.	
VC 151 DEV 3/1/40		1		0 100	TAP OFFER	1 0010	C 10		

FUNERAL DIRECTOR: IMPORTANT

A	1 1-15				BALTIMORE CITY	HEALTH DEPARTM	ENT	70 110953
1-1	000	71) 11119	53	CERTIFICA	TE OF DEA	TH REG. NO	D
NAME Type or P	OF DECEA	Ems4	was a	Ro	55/0-	2. D	ATE AND HOUR OF DE	ATH GPM M.
. PLACE	IN BALTIA	ORE MARYLA	Y			A. STATE B	COUNTY	. Il institution: residence before admission)
FULL NA HOSPITAI	L OR	(IF NOT IN I	HOSPITAL OR LOCATION)	INSTITUT	ION, GIVE STREET	C. CITY OR TOWN	D.	INSIDE CITY LIMITS2
din 27	nyCo	meno	L.	·	ing Home	E. STREET AND NU		YES NO NO
0.0	Kim	RACE	MAR	ylan	d	B. DATE OF BIRTH	9. AGE (In years	
MA	le	negu	O WID	OWED	DIVORCED	8/26/9	4 lost birthdoy	Months Doys Hours Min.
		ATION (G/ve kind king life, even if (IND OF E	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Knon		VI	1Kn	own	un Kno		U. S.A.
3. FATHE	ER'S NAME					14. MOTHER'S MAID	DEN NAME	
0,		own				unknow	n	
s. Wos D	Deceased Ev	yes, give wor	or dates of s		6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
inka	owas				218-05-75-43	Rosie Wil	son-1338- 1	Pwnn AVE
18.	412.	3 1			CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
heart	does not I failure, as	ADING TO D meon the me thenia, etc. It icotion which	ode of dying means the d	isease,	(A) IMMEDIATE CAL	SECONSEQUENCE OF:	notic Mean 4	Visease
	AN	TECEDENT C	AUSES		(R)			
		CONDITION		-	DUE TO, OR AS	A CONSEQUENCE OF	:	
		obove cause		ig the	(c)			
		II ANT CONDITION BUT NOT RELATI					Text and	
▼ DISE	ASE OR COM	PERATION 19	IN PART 1 (A)	N FOR W	HICH OPERATION	20 A. AUTOPSY? (Y	es or No) 20B. IF YES, V	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?
OR C	CONTRIBUTI	WAS UNDERL	OF T	21B. P home, etc.)	LACE OF INJURY (e.g., i lorm, loctory, street, o	n or obout 21 C. WHERE fice bldg., INJURY OC	DID (If In Bo	Oltimore City, give exact location)
W OF IN	TIME () NJURY ROX.)	Month) (Day)	(Yeor) (Hou	While	NJURY OCCURRED	e —	DID INJURY OCCUR?	
		(1) (.) (.)		Work	Al Work	1-1-	10	1/16 19 70
		ot (I) (this hi			deceased from	2/31/69	and that in (my) (our) opinion deoth occurred on the date
				1	(We) (did) (did not)			, opinion doors occord on the date
	SIGNATURE		A.	30 ve. (1)				23B. DATE SIGNED
00.5		the >	Zolu Gu	l.	GEGREE Phy		Shaff Phys.	1/16/70
23 C.	NAME (Typ	e)		1		23D. ADDRESS		
	RIAL CREM	ATION, 24B, D	ATE	24C, NA	GEGREE ME of CEMETERY of CR	EMATORY	24D. LOCATION	(City, town, or county) State)
Bu	rial	I-2	3-7-		nt Auburn	- 6	Baltimore	Xity
IAN	27 197	HEALTH DEP	E, N. a.	NAME OF	REGISTRAR)	0 0 0	La la	ADDRESS
VS 150-R	EV. 1/1/68					-1-11l	m 1500	11/1



VS 150-REV. 1/1/68

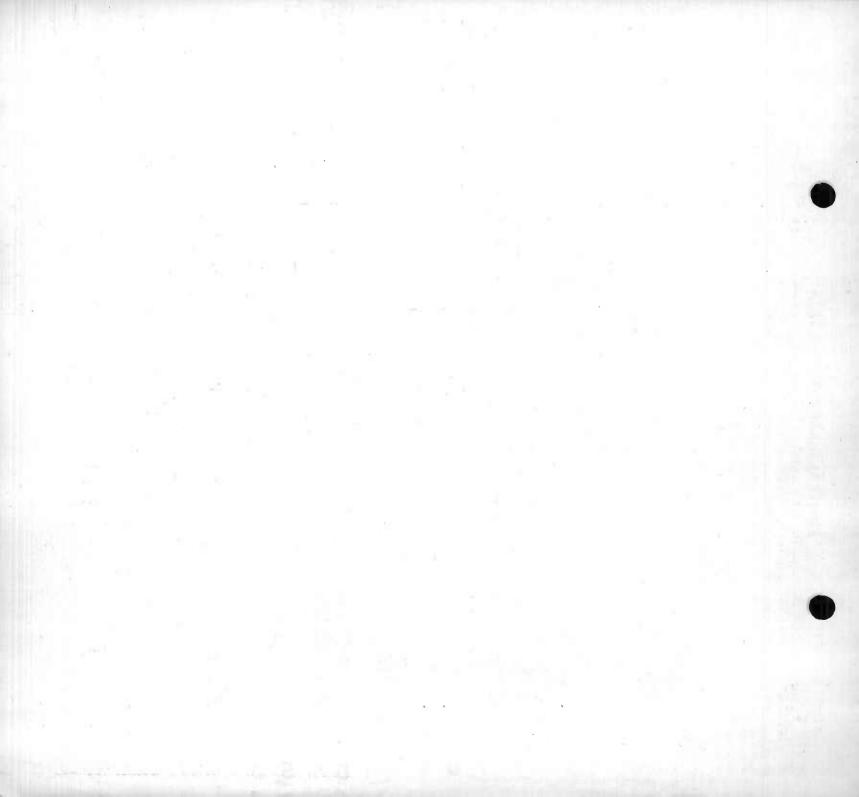


if death occurred in a hospital and lirect or contributing cause of death; (4) Undetermined cause; (5) Deceased was in regular attendance on the n the deceased prior to death. Such disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be the body was released shows: (1) An accident o was D.O.A. at a hospita decased prior to death written approval must b.	

	W-326 70 0091		HEALTH DEPARTMENT	REG. NO.	70 00955
1	RTH NO. NAME OF DECEASED	CERTIFICA	TE OF DEATH	K-0, 110	
	una as Bid-st	HER		ND HOUR OF DEATH	
3	PLACE IN BALTIMORE, MARYLAND, WHERE PI		14 USUAL RESIDENCE IWA	3 -7 C	istilution; residence before odmission
11			Manage & Cool	411	
	ULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND	BALII	MORE CITY 604
W"			BALTIMORE	D. INSI	IDE CITY LIMITS?
	Johns Hopkins Hos	PITAL.	E. STREET AND NUMBER		YES NO
L	33 OSLER	. 3		ANS STREET	21224
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours : Min.
	MAEE NEGRO WIDO	WED DIVORCED	4-4-08	lost birthough	Months Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 108, KIN ne during most of working life wen if (gired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loro	ign Country)	12. CITIZEN OF WHAT COUNTRY
00	esting most of working are even it refreed)		Do 11	111	1111
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	MF	W. SK
Ι.	Jana Wester		m. 00:	0+6'	
15,	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	Mems	
(Y)	s, no or unknown) (II yes, give wor or doles of serv	ice SECURITY NO.	2	1	ADDRESS
H	1B, / 2	233-07-3280	hanay h	mes like	reh. WC
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		1. +		
	1This does not meon the mode of dying,	e.g., DUE TO, OR AS A	CONSEQUENCE OF:	occupied in	facilien
	heart failure, asthenia, etc. It means the disc injury or complication which caused death.)	ase,	Consequence or:		
	ANTECEDENT CAUSES	c to	1 1 + 1	+00	
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	en duce	
	nise la lhe abave cause (A) slaling UNDERLYING CONDITION last.	the			
		(c)			
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			
FIC	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES. WERE F	INDINGS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, lorn, loctory, street, offi	or obout 21 C. WHERE DID	(II In Boltimore	City, give exoci location)
ZA CA	DEATH Inobily medical examined	elc.)	Co bioggingoni OCCOR		
MEDI	21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
ξ	(APPROX)	While At At Work			
	22. I certify that (I) (this hospital) attend			. 7	
	that (I) (we) last saw the deceased alive	Tan 7-7		9 70 to Jan	
			and the	it in(my) (aur) apin	ian death occurred an the date
	and haur and from the causes stated abov	(We) (did nat) vi	ew the bady after death.		
		Atten	ding Med.		23B, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	M Gegree Phys.	Director L	Staff Phys.	1/23/70
		F-14-5	BD. ADDRESS	HODIVING	IOCD LTAI
24/	B. GREG BROW	DEGREE	THE JOHNS		
-45	REMOVAL (Specify)	NAME OF CEMETERY OF CREA	MATORY 24D. LO	CATION (City	town, or country) (Stole)
R	Suia 1-27-20	uniles (1)	not /1	chelus	Me
25A	DATE REGID BY HEALTH DEPT. 258 NA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	1/./	ADDRESS
-	In In Street	The state of the s	Parol 842	classion,	Beautyle
18	150-REV. 1/1/68				

S

11 6		BALTIM	ORE CITY HEALT	H DEPARTMENT			
1-00	6 70	00956 CERT	IFICATE O	DE DEATH	REG. NO	70 009	358
BIRTH NO.		CERT	IIICAIL		The section is the		
1. NAME OF DECE (Type or Print)	CHARLES	JOHNSON	1		WARY 25, (20 A M
3. PLACE IN BALT		HERE PRONOUNCED DEAD	4. USI A. STA	JAL RESIDENCE (WI	nere decaased lived. If		before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTION, GIVE ST	C. CIT	MARYLAN	D. IN	ISIDE CITY LIMITS?	06
23. Truen	us Hopkins	Hospina	F STR	BALTIMOR EET AND NUMBER	E	YES X	10
DO GOM	05 (10) 11105	Mosorthe		1822 E.	LAFAYETTE	AVE	
5. SEK	6. RACE	7. MARRIED NEVER MAI	RRIED B. DAT	OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr.	If Undar 24 Hrs. Hours Min.
MALE	NEGRO	WIDOWED DIVO		-06-12	E0		
	PATION (Give kind of wor varking life, even if retired)	10B, KIND OF BUSINESS OR	INDUSTRY 11, BIR	HPEACE (Slate at fo	reign country	12. CITIZEN OF V	WHAT COUNTRY
	netal Wo	Matalor		maryl	mel	US	X
13. FATHER'S NAM			14. MG	THER'S MAIDEN N	AME		٧
	LLIAM JOHN				URLEY		
(Yes, no or unknown)	Ever in U. S. Armed Fa (If yes, give war ar date	es of service) 16. SOCIAL SECURITY		ORMANT	0	ADDRE	is .
18. 2 £ Car	100	216-01-	-5100 M	Denne	Juson	APPROX	IMATE INTERVAL
	E OR CONDITION DE			0	11	7	ONSET AND DEATH
	LEADING TO DEATH of meon the made of	dying, e.g., (A)IMME	TO, OR AS A CONS	STRA-CER	EBRAL ITEMO	CRHAGZ >	days
heart failure, o	asthenia, etc. It means plication which caused	the disease,	10, 01 23 2 20143	EGOLIVEE OF		. 3 2.0	
	NTECEDENT CAUSES		HYPOTEA	ISINS EDISADI	E WIRESP. AD	3	Dess
DISEASES O	R CONDITIONS, if	any, giving (B)	TO, OR AS A CON	SEQUENCE OF:	<u> </u>		¥
	abave cause (A) CONDITION last.	stating the	HRODIC &	ROWCHITIS.	+ EMPHYSEA	ut 10	years.
	ll l	(0)					U
TO THE DEATH	CANT CONDITIONS CO I BUT NOT RELATED TO 1 ONDITION GIVEN IN PAI	HE TERMINAL TONE	perfensive	brknowlen	fic Carrio Vascul	er Do. 10	yers.
		IDITION FOR WHICH OPERAT	10N 20 A	AUTOPSY? (Yes at		E FINDINGS CONSIDERAL SES OF DEATH?	ERED
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examiner	21B PLACE OF INJ home, farm, factory etc.)	URY (e.g., in or abo , street, affice bld	ut 21C. WHERE DID J., INJURY OCCUR?	(If in Baltim	ore City, give exact lo	cation)
21 D. TIME OF INJURY (APPROX.)	(Manth) (Doy) (Year)	(Haur) 21E. INJURY OCCU While At Wark	Nat White At Wark	21 F. HOW DID IN	NJURY OCCUR?		
22. I certify	that (1) (this pita	l) attended the deceased t			1970 to JA	mutry 25	19 70
	last saw the deceas					pinlan death accur	red an the date
and haur and		ted abave. (1) (%) (did) (diplost) view the	body after death	•	23B, DATE SIGNE	
Se o	he CA	000 -	Attending Phys.	Med.	Staff Phys.	11/	5,1970
23C. PHYSICIAN	N'S	0	23D. AD			0	
STE	PHEN C. A	CHUFF M.D.	GEGREE T	HE JOHNS	HOPKINS H	HOSPITAL	
24A. BURIAL CREA	MATION, 24B. DATE	24C, NAME of CEMET		24D.	LOCATION	City, town, ar county)	15/oley
Buch	2 1-28	70 HEBUTU	5 (Ult			mex
25A. DATE REG'D	BY HEALTH DEPT.	258 NAME OF REGISTRAR	25	FUNERAL DIRECTO		ADD	RESS
14N 27 U	Jakan CH	Posts Sales	TOR	regerence	son lovol	Hentey	ML_

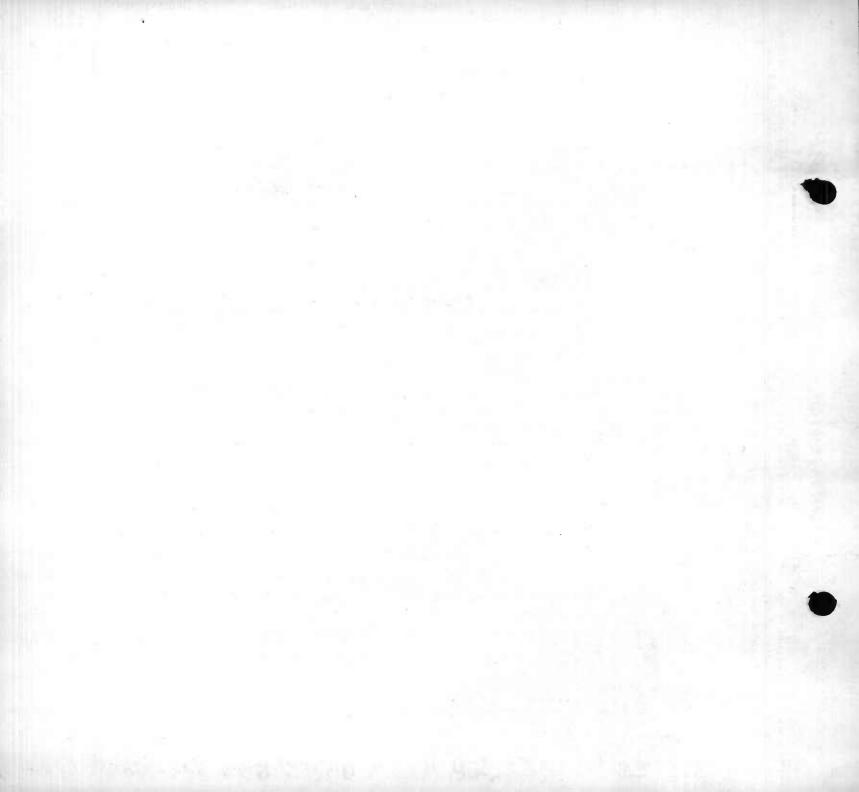


VS 151-REV. 1/1/68

H-525 70 00957 BALTIMORE CITY HE	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 00957
BIRTH NC.	
I. NAME OF DECEASED (Type or Print) DOROTHY HANSEN	2. DATE Known Month Day Year Hour OF DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD January 24,1970 11:30 A 5. USUAL RESIDENCE (Where deceased lived. Il Institution: residence before admission)
317 Duncan Street (South)	A. STATE Maryland B. COUNTY
6. SEX Female 7. RACE White Widowed Divorced W	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES X NO
May 28, 1923 lost birthdoy) 46 Months Doys Hours Min.	317 Duncan Street (South)
Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY? U. S. A.	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTR	Leon Schmidt
done during most of working life, even if retired)	
Barmaid Tavern	Agnes Chmielewski
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
No 215-14-9657	Mrs. Helen Sadler-2926 Lymond Place #21218
19. CAUSE OF DEA	
LEADING TO DEATH	
(A)IMMEDIATE (AUSE AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (8)	
UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
(c)	
CO CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No.)
	no
UNDERLYING GOR CONTRIB. UTING CAUSE OF DEATH. Nome, form, loctory, street, office Home	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) bldg., etc.) INJURY OCCUR? 317 Duncan Street (South)
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 1-24-70 Unk. WHILE AT ONT	WHILE X Faulty heater
23. WORK AT W	ORK [4] Ladied income
	topsy and that on this basis, deoth in my opinion
resulted from: Natural couses Accident Sulcid	e Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL Muld Muld	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D. M.D. EXAMINER'S	1/25/70
NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 1/23/10
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	OF CREMATORY 24D LOCATION (C'II. A
REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 1/28/70 St. Stanislau	s Cemetery Baltimore, Maryland
254 DATE DEC'D BY WEATTH DEDT 1250 MAME OF DECISION	The Ville of Heat Facility

George A. Weber - 705 S. Ann St. #21231

1	A DELOTE BALTIMORE	CITY HEALTH DEPARTMENT	
	CERTIFIC	CATE OF DEATH REG. NO. 10 10308	
	BIRTH NO.		
0 0 0 0	(Type or Print) EUGENE LOGAN	1-25-70 4:46 P	M
a the off	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	sion)
hos (5) an de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		
0 de 9	INICTITUTION	BAZ TO YES NOT	
	+ BALTIMORE Md.	E. STREET AND NUMBER	
D	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		M.
rib min ma		B. Date of Birth 9. Age (in years I onder 11. If onder 24 Months: Days Hours Mi	
onto onte re- re- re- se as	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN	NTRY?
or c ndet in dec	RETIRED UST KNOWN	NA. U.S.A.	
t de	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ire ire h h	Peter Logan		
e al	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT	
find d A D Sin		17/1/rs 11/ary E. Logan 18/6 HIREN ST	/Al
is a an an ndo	14/010	AYPER TENSIVE CRISIS BETWEEN ONSET AND D	
Also our our our ned	LEADING TO DEATH	CAUSE MI? 50 mine	3 .
2.50.0	heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
E C G I	ANTECEDENT CAUSES	ERTENSIVE ON DISTASE	
A free	(D)f/		
(3) (3) in s	rise Ia the abave cause (A) stating the UNDERLYING CONDITION last. (C)		
dical cal ns; icio	II		
bedied bur hys	1 V		
e pricing	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	ν.
by ch Bo Hys	O 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY		
the all be cope of performance of performance of the cope of the c	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) A DEATH (notify medical examiner)	if, office bldg., INJURY OCCUR?	
d'er y	O 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
0 F C C	While At Not		
by X H			2
000000	mut (1) (we) lost saw the deceased drive di		date
0			
- W C A	in The atual	Attending Med. Staff A	
rel acc acc	23C. PHYSICIAN'S	23D. ADDRESS	
An An price	1) II CARMONA, MED	GREE	
P O O O		CREMATORY 24D. LOCATION (City, town, or county) (Sta	ite)
bod Ws: D.O	Burial 1/29/70 Mt. Calvare	mille mond of same	Mo
this how	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	Ama Command 90 & F. Month Avo	
- 4 N > U >	VS 150-REV. 1/1/6B	Marin of the property of	
	certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deathws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease. D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the eased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such approval must be obtained before the remains are embalmed or final disposition is made.	BIRTH NO. SAME OF DECEASED CUCKUT CAN C	DETAIN OF DECEASE OF CONDITION SIZE OF DEATH THE ARREST OF DECEASE OF CONDITION SIZE OF STREET AND NUMBER THE ARREST OF DECEASE OF CONDITION SIZE OF STREET AND NUMBER THE ARREST OF DECEASE OF CONDITION SIZE OF STREET AND NUMBER THE ARREST OF DECEASE OF STREET AND NUMBER THE ARREST OF DECEASE OF STREET AND NUMBER THE ARREST OF DECEASE OF STREET AND NUMBER THE ARREST OF STREET AND NUMBER OF STREET





VS 150-REV, 1/1/68

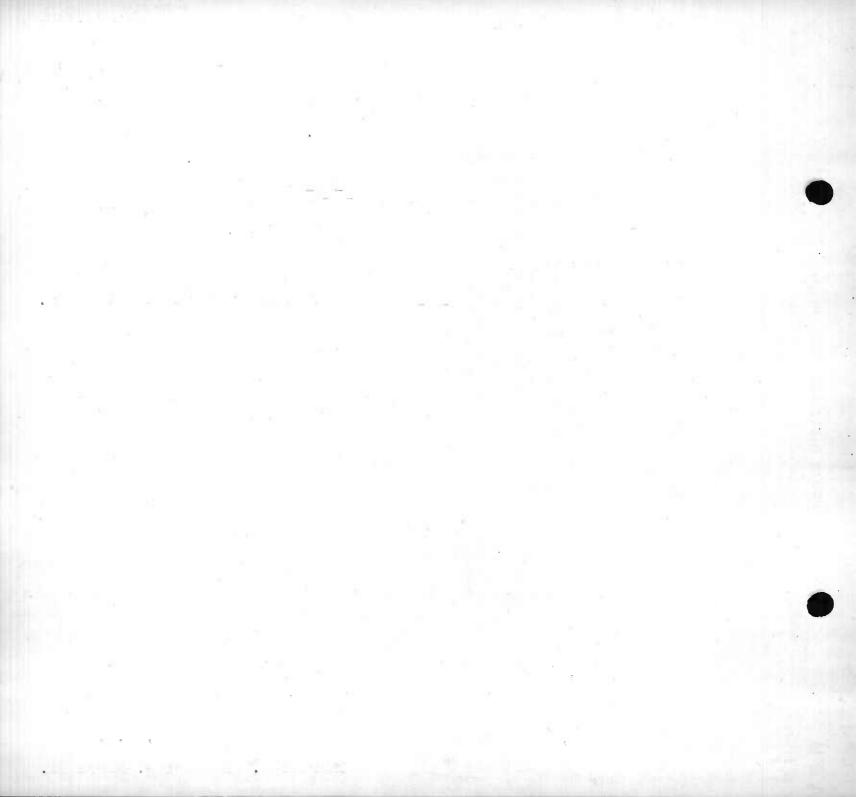
V5 153 1-27-70

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MI	75	WOA	BALTIMORE CITY	HEALTH DEPARTMENT		30 000004
111-60	25 70 11	1951	CERTIFICA	TE OF DEATH	REG. NO	70 00961
NAME OF DE	CEASED				AND HOUR OF DEATH	
Type or Print)				2. DATE		
	Thomas Morris			He reliat protection	1-22-1970	7:50 A M
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A, STATE B. CO		nstitution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		15/2
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
do				Balto.		YES Y NO
-/-				E. STREET AND NUMBER		
olton Hi	11 Nursing &	Convale	scent Center	3454 Reister	stown Rd.	
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
M. 3 .	37	WIDOWED	= =	3-27-10	lost birthdoy) 59	Months Doys Hours Min.
Male	Negro			11. BIRTHPLACE (State or fo		12, CITIZEN OF WHAT COUNTRY
	f working tife, even if retired)					
F	armer			Fayetteville	, N. Carolin	a USA
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN N		
Back	us Morrison			The Factors		
		10057	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknow	d Ever in U. S. Armed For n) (If yes, give wor or dote	es of service)	SECURITY NO.			
No			243-14-6629	Nannie Ros	s 3454 Rei	sterstown Rd.
18. ///	2.2.1		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rise to It	OR CONDITIONS, if the obove couse (A) IG CONDITION lost.		(B) DUE TO, OR AS	A CONSEQUENCE OF:	7	<i>J. C. S. S. S. S. S. S. S. S</i>
TO THE DEA	IFICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL				
	F OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF y medical examiner	21 B hom etc.	ne, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In BoltImo	re City, give exoct location)
O 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
OF INJURY			ile At Not Whil			
(ATTROX)		Wo	rk			
22. 1 certif	y that (1) (this haspita	l) attended t	he deceased from	12/3/	19 6 7 ta	1/22 1973
that (I) (we) last saw the decease	ed alive an	1/2	3 19 20 and	that in (my) (aur) ap	Inian death accurred an the dat
			//			
23A. SIGNAT		.ea andve. ((, (,,e) (ala) (ala nat) (iew the bady after deat	110	22R DATE SIGNED
S SIGNAL	VIII	11	AA AH	ending Med.	Staff -	23 B, DATE SIGNED
	all	ayy	DEGREE Phy	s. Director	Phys.	1123/70
23C. PHYSICI NAME				23D. ADDRESS	000	2 04 44
THE COURT OF	ALLAN,	4. Mr	HHT MO	VK /kg	V 34 /	well My 21202
4A. BURIAL CR	EMATION, 24B. DATE	24C.N.	AME of CEMETERY OF CR	MATORY 24D.	LOCATION (C	City, town, or county) (State)
4A. BURIAL CR REMOVAL		70				
Buria:			yettville		ayetteville	
SA. DATE REC'	D BY HEALTH DEP	25B. NAME	PER REGISTRAR	25 FUNERAL OTRECT	Ø)	ADDRESS
	7 1070 Robert	E, 420	en Hat	Charles A	Rice 661	W. Barre St.
S 150-364 /	68 101U					
0111						



Baltimore National

24D. LOCATION

Rice

25C. FUNERAL DIRECTOR

harles A

(City, town, or county)

ADDRESS

661 W. Barre St.

Baltimore, Maryland

(State)

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

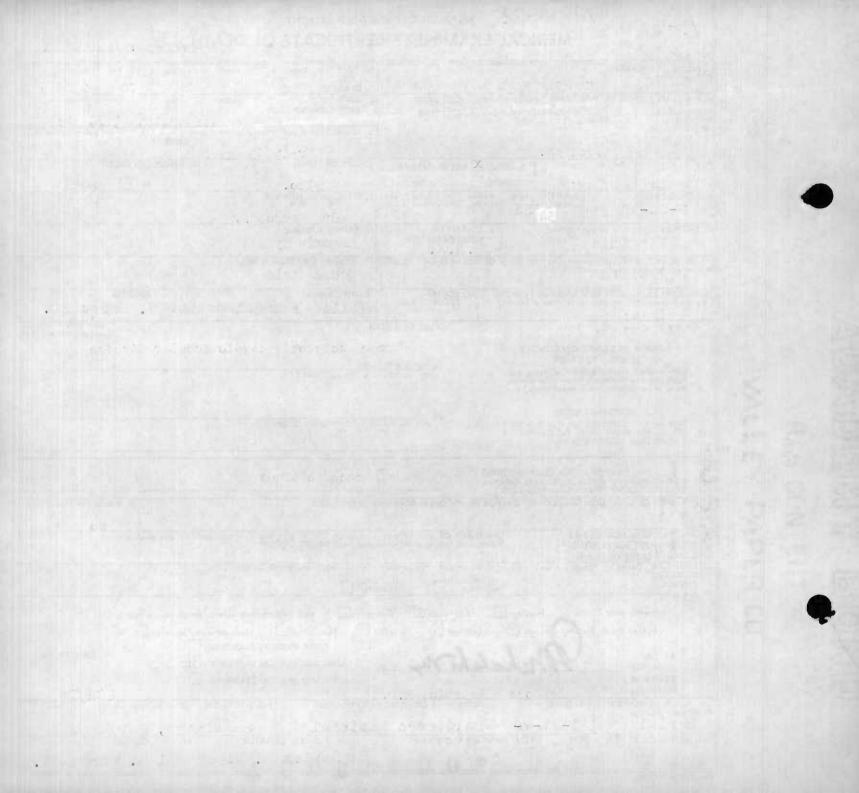
REMOVAL (Specify) Burial

VS 151-REV. 1/1/68

24B. DATE

1-27-70

258, NAME OF REGISTRAR



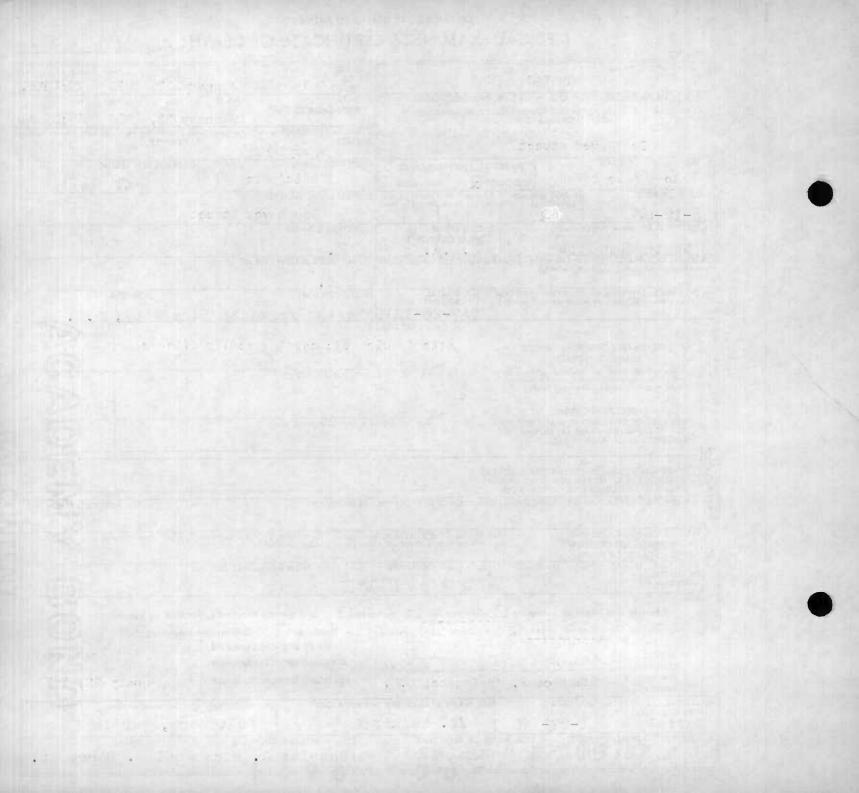
BIRTH NO.		111933	CERTIFICA	TE OF DEATH		70 11035
	F DECEASED	TIC TIT (1577° da		AND HOUR OF DEAT	
	CHARI					, 1970 institution: residence before ad
FULL NAA HOSPITAL	LE OF (IF NOT IN I		UTION, GIVE STREET	Maryland	INTY	2562
4	3		77.	Baltimore		YES 🔀 NO 🗌
Sou	th Baltimor	e General	L Hospital		y hill Rd	•
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED DIVORCED	8/22/96	9. AGE (th years lost birthdoy)	If Under 1 Yr. If Under Months Doys Hours
	OCCUPATION (Give kind		F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fo	reign country)	12. CITIZEN OF WHAT CO
				Maryland		U.S.A.
13. FATHER	S NAME				AME	
15. Was De	ceased Ever in U. S. Am	ned Forces?	1 6. SOCIAL	Julia 17. INFORMANT		ADDRESS
Yes, no or u	known) (If yes, give wor	or dates of service)	SECURITY NO. 114-12-3047		903 Cherr	
1B. /	1	-	CAUSE OF DEAT		000 011011	APPROXIMATE IN
	o the obove couse			A CONSEQUENCE OF:		
	RLYING CONDITION IS	osi.		A CONSEQUENCE OF:		
NO OTHER TO THE	RLYING CONDITION IS SIGNIFICANT CONDITION DEATH BUT NOT RELATE E OR CONDITION GIVEN	NS CONTRIBUTING ED TO THE TERMINAL IN PART 1 (A).	(c)		No)l 20B. IF YES. WER	E FINDINGS CONSIDERED
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7 -600 MEDICAL EVALUETRIC	CERTIFICATE OF DEATH 70 00964
MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO. 10964
NAME OF DECEASED (ype or Print) CRAIGE PEARSON	2. DATE Known X Month Day Year Hour OF DEATH Estimoted January 22, 1970 XMXXXXX M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD January 22, 1970 10:25 A M.
	5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY
730 Dover Street	Maryland 2/0/
SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES XX NO
DATE OF BIRTH 10.AGE (in years If Under 1 Yr. If Under 24 Hrs. losi birthdoy) Monihs Doys Hours Min.	E. STREET AND NUMBER
6-12-08 61	730 Dover Street
BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME
South Carolina WHAT COUNTRY? U.S.A.	UNK.
A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
ne during most of working life, even il retired)	
. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	UNK e IB. INFORMANT ADDRESS
es, no or unknown) (il yes, give wor or dotes of service) SECURITY NO.	
19. 217-26-1219 CAUSE OF DEA	
91004	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteriosc	lerotic cardiovascular disease
(A)IMMEDIATE C	:AUSE
heort loilure, osthenio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
migraph of the migrap	
ANTECEDENT CAUSES (B)	
	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
0	No
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	In or obout 22C, WHERE DID (II in Boltimore City give exect legation)
UNDERLYING OR CONTRIB- home, form, foctory, street, office	bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Dov) (Year) (Hour) (22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE
23.	ORK LJ
1 certify that I held on Inquiry Inspection Aut	topsy ond that on this basis, death in my opinion
resulted from: Natural causes X Accident Suicid	
Soleia Soleia	CHIEF MEDICAL EXAMINER
ACTUAL (CARACTUAL)	DATE SIGNED
SIGNATURE M.D.	
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER January 22, 1970
IA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY (or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 1-271 70 Mt. Auburi	n Baltimore, Maryland
A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 27 19/0 46 6 E. Jaben M.D.	Charles A. Rice 661 W. Barre St.
151-REV. 1/1/68	96



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DIRECTOR:

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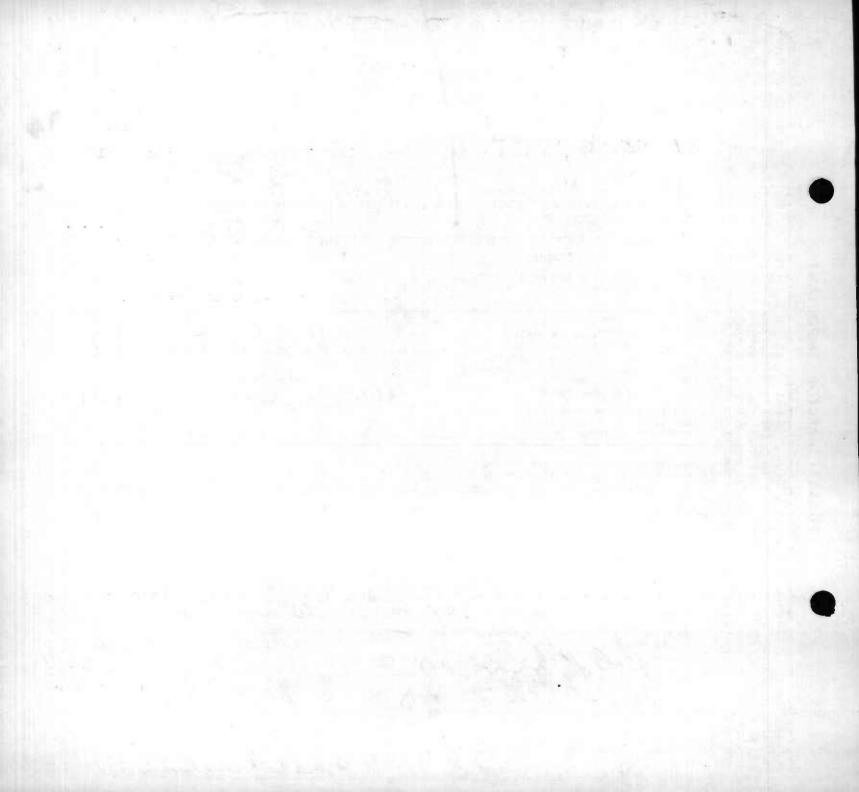
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FUNERAL DIRECTOR: IMPORTANT

W121		BALTIMORE CITY	HEALTH DEPARTMENT		200 00000
BIRTH NO.	0 0096	6 CERTIFICA	TE OF DEATH	REG. NO	70 00966
T, NAME OF DECEASED (Type or Print) LO VISE	PORTER		2. DATE A	ND HOUR OF DEAT	H 6 · 3 CA
3. PLACE IN BALTIMORE, MARYL	AND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. II	institution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OF INSTITUTION	HOSPITAL OR IN	STITUTION, GIVE STREET	Md.	NIY	ISIDE CITY LIMITS?
SIMILE	402017	AL OF BALTO.	BALTIMORI		YES NO
42010A1	W021.11	AL OF MALIO.	E. STREET AND NUMBER 2649 L	oyola Sout	
5. SEX 6. RACE	7- MARR	IED NEVER MARRIED	8. DATE OF BIRTH		
FIN	WIDOV		3/10/03	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kin	d of work 108, KINE			eign countril	12 CIVITAL OF WHAT COUNTY
done during most of working life, even if	retired)		Miss	ergii counnys	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	811	2.	14. MOTHER'S MAIDEN NA	ME 7	
15. Was Deceased Ever in U. S. An	·	16. SOCIAL	17. INFORMANT	U .	
(Yes, 56 or unknown) (If yes, give wor	or dotes of servi	SECURITY NO.	Claudette -	- Garner	2649 Levela South
18.230,0 I		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEASE OR CONDITI	EATH		RESPIRATORY	ARREST	Terminal event
(This does not mean the m heart failure, asthenia, etc. It injury or camplication which	meons the dise	P.g., DUE TO, OR AS	CONSEQUENCE OF:	***************************************	
ANTECEDENT C		LACT	IC Acinno	16	& days
DISEASES OR CONDITION		(8)	A CONSEQUENCE OF:	\	0
ise to the above coust	(A) stoling		ETES (on		u) 24 days.
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN	D TO THE TERMIN	of Pneumonia			5 days.
19A. DATE OF OPERATION 19	B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes of N	O) 20B IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CAUS	OF _	21B. PLACE OF INJURY (e.g., in home, form, factory, street, off etc.)	or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If In Boltime	ore City, give exact location)
OF INJURY (APPROX)	(Yeor (Hour)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?	
		711 110114			
22. I certify that (4) (this ha		4 - 0	1-18-	19 <u>70</u> to /	1-26- 1970
that (t) (we) last saw the de	ceased alive o	n 1-26	19.72 and th	at In(my) (aur) ap	Inlan death accurred an the dote
and hour and from the cause	s stoted above	. (I) (We) (did) (did nat) vi			
23A. SIGNATURE					23B, DATE SIGNED
alberta	permilo	After Phys.	iding Med.	Staff Phys.	1-26-70
23C. PHYSICIAN'S NAME (Type)	to Ann	2	3D. ADDRESS	\	
A 1 ber		NAME of CEMETERY OF CREAT	SINHI	HOSPITAL	
REMOVAL (Specify)	0/10	P. D 2	A P 24D. L	OCATION (C	City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEP	7 / 10 C	Collection /	25C, FUNERAL DIRECTOR	Mulus	ADDRESS
JAN 27 1970 R.B		en M. D.	O Breek 5	1. Elector	~- 1129 n. Carol
/S T50-REV. 1/1/68					



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pital and of death Deceased to on the ath. Such		if NO.	TE OF DEATH	
	(Тур	AME OF DECEASED LIFE LOCKE	2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 14. USUAL RESIDENCE (Where deceased lived, It institution: residence before admissingly)	M.
hospital use of G (5) Dece ance or death.			Maryland 807	
a hos cause se; (5) andano to de	HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
n a l cau use; tend		Baltimore City Hospitals 4940 Eastern Avenue	Baltimore YES X NO	1
1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	Baltimore, Maryland 21224	1502 North Regester Street 21213	
occurre ontribut ermined regular regular is made	5. \$	Male Negro WIDOWED DIVORCED	B. DATE OF BIRTH 19. AGE (In years lost birthday)	
ath condete in r		USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dyring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) Maryland U.S.A.	TRY?
S C C C	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	_
Tiferect (4) w		Rogers	Elizabeth	
AN stant ind; eath	15. V	Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	_
sist the kin de de ina	U	ne	Records:BCH-4940 Eastern Avenue 21224	
s as any ced	0	18. CAUSE OF DEATH	H APPROXIMATE INTERVA BETWEEN ONSET AND DE	
IM or his oun		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAU	USE PUFUMONIA ZURS	5
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:	e
TOR aminer fract ho pregula		ANTECEDENT CAUSES (B) CARD	INOMA COLON 2 nw.	
DIRECTOR: ical examiner al examiner. is; (3) A fractu cian who pro as in regular		DISEASES OR CONDITIONS, il any, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION last.	A CONSEQUENCE/OF:	
UNERAL D chief medical by a medical b Body burns; the physicia hysician was	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
chief chief Body the ysici	RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 5/6 MOIN	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
+ + + + + + + + + + + + + + + + + + +	0	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of DEATH (notify medical examiner)	in or about 2°C. WHERE DID (If in Boltimore City, give exact location) ffice bidg., INJURY OCCUR?	
ed by ospite ature; or when (6) Ne ned b		21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX) While At Not While	21F. HOW DID INJURY OCCUR?	
rove he he y no xce and btai		(APPROX.) Work At Work 22. I certify that (M) (this haspital) attended the deceased from	Sec 13 1969 to JAN 22 1970	0
9 d d d d d d d d d d d d d d d d d d d		that 10 (we) last saw the deceased alive an JAN 20	19 70 and that In(my) (aur) apinian death accurred an the d	
0700		and haur and from the causes stated above. (1) (We) (did) (did not) v		
	11	23A. SIGNATURE)	23B. DATE SIGNED	
- V - E ^		ROY () DEGREE Phys		0
rificate m y was rel [] An acc A. at a l d prior to		NAMPYTYPE TO SESSION MI	230. ADDRESS 4940 Eastern Avenue, Baltimore, Mi 21224	
certificat sody was vs. (1) An D.O.A. at sased pric	24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION (City, town, or county) (Stote	e)
This certif the body shows: (1) was D.O., deceased written a	254	Secret 1/2 7/10 / Selto / feler. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR.	rel Com 500) Freher Che. Mal	_
This the b show was dece	JA A	N 27-1970 Paral Extension 1000	Briak & Cluber 1/29M. Cauli	J.
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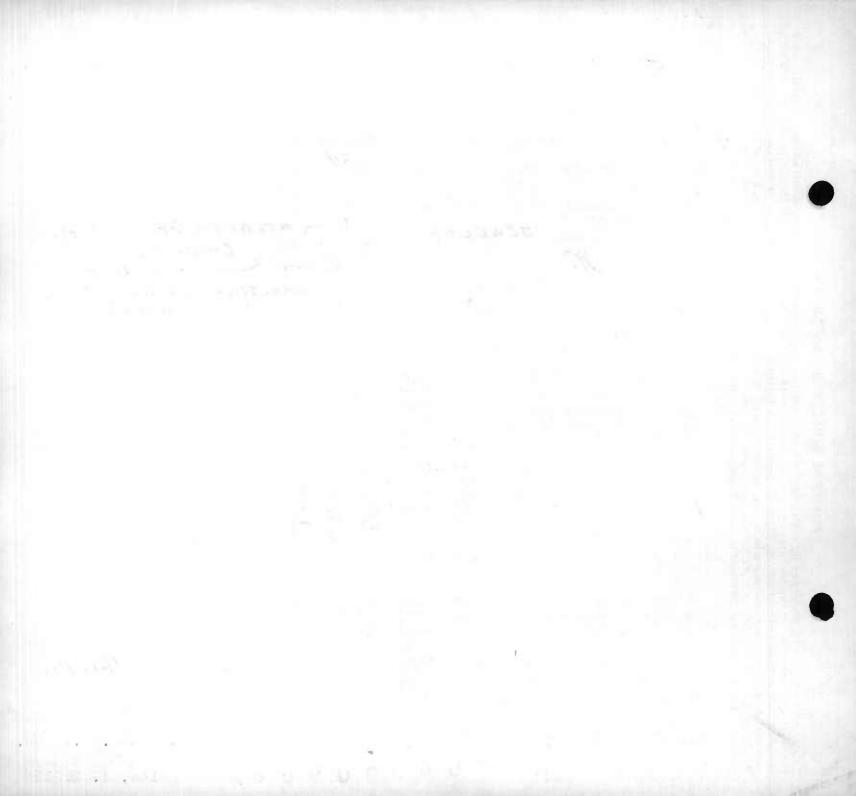


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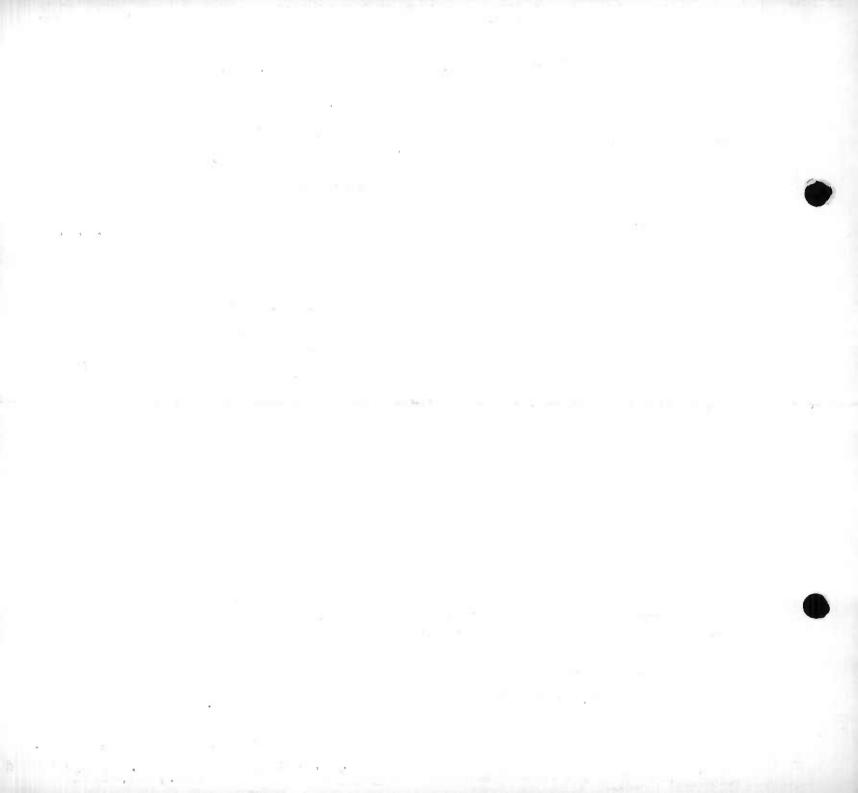
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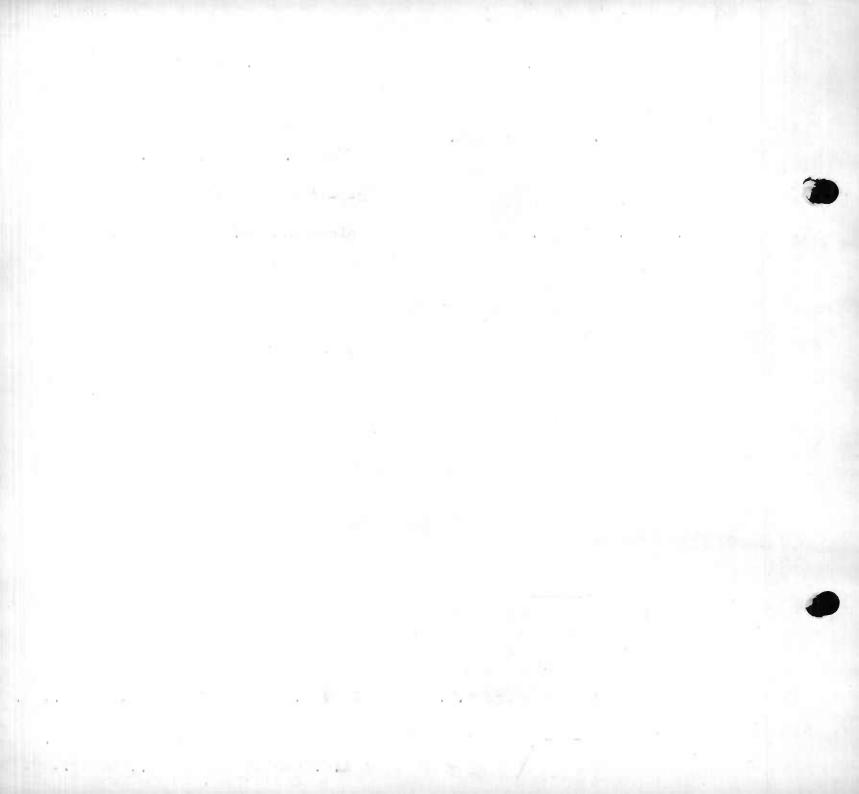
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL D	This certificate must be approved by the chief medical the body was released to the hospital by a medical shows: (1) An accident of any nature; (2) Body burns; was D.O.A. at a hospital (except where the physicideceased prior to death); and (6) No physician was written approval must be obtained before the remain

I	B-62	6 70 0	0971		HEALTH DEPARTMENT		70 00971	
	NAME OF DEC	*****		CERTIFICA	TE OF DEATH	1		
	Type or Print)					AND HOUR OF DEAT		
	3. PLACE IN BAL	Minn TIMORE MARYLAND, W	HERE PRONO	E. Bur	khard Jan	Where deceased lived. II	12:50 P.	M.
ш	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT. ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Md.		NSIDE CITY LIMPS?	
	Gould	Convalesari	um – E	Belair Rd.	Baltimore E. STREET AND NUMBE 739 McKewi	R	YES NO	
ı	SEX F	6. RACE	7- MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH 12/14/1876	9. AGE (in years lost birthday)	If Under 1 Yr. If Under 24 Months Days Hours Min	Hrs.
0	OA. USUAL OCCU one during most of the Houset	working life, even if retired)		BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (Stole or Maryla:	foreign countryl	12. CITIZEN OF WHAT COUN	TRY?
ī	3. FATHER'S NAM	ME			14. MOTHER'S MAIDEN		U.S.A.	
			pensha	W	THE PROPERTY OF THE PROPERTY O	Unknown		
000		Ever in U. S. Armed Fare (if yes, give war or dole	es? of service)	SECURITY NO.	17. INFORMANT	***	ADDRESS	
L	No				Raymond A.	Burkhard	(Same)	
		E OR CONDITION DIR	ECTLY	CAUSE OF DEATH		110	APPROXIMATE INTERVA	ATH
	heort failure.	of meon the mode of asthenio, etc. It means plicotion which coused	the disease	(A) IMMEDIATE CAU	CONSEQUENCE OF:	VVV		
ı		NTECEDENT CAUSES	dounis,		3660			
ı		R CONDITIONS, il	ny sivins	(B) DUE TO OR AS	A CONSEQUENCE OF:			
	rise to the	above cause (A) CONDITION last	stating the	(c)	- CONSEQUENCE OF:			
		11						<u> </u>
ATIO.	OTHER SIGNIFITO THE DEATH	CANT CONDITIONS CON H BUT NOT RELATED TO TH DIDITION GIVEN IN PART	E TERMINAL	****************				
Cornel	19A DATE OF	OPERATION 198 CONE	ORMED		20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED AUSES OF DEATH?	
CAL	DEATH (notity	T WAS UNDERLYING THING CAUSE OF medical examiner	21 B, home etc.)	PLACE OF INJURY (e.g., in B, farm, foctory, street, off	or obout 21C, WHERE DID ce bidg., INJURY OCCUR	(If In Baltima	are City, give exact location)	-
AAEDI	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED Not While At Work	1	INJURY OCCUR?		_
	22. I certify t	that (1) (this hospital)		e deceosed from 4	Tal -	20 66 - 22	100	
	that (1) (we)	last sow the deceased	olive on_	6 Jan	19 70 ond	that In (my) (our) op	Inton death occurred on the de	ote
	and have and	fram the causes state	d above. (I)	(We) (did) (did not) vi	ew the bady after deat	h.		
	23A. SIGNATO	In Aleman			ding Med.	Staff Phys.	23R DATE SIGNED	-
	23C. PHYSICIAN NAME (Ty	Dr. Howa	ard Goo	2:	8604 Harfo			_
24	A. BURIAL CREW REMOVAL (Sp	AATION, 248, DATE	24C. NA	ME of CEMETERY OF CREA			City, town, or county) (State)	—
L	Burial	1/26/70	Pa	arkwood		Baltimore	· · · · · · · · · · · · · · · · · · ·	
	JAN 27	THEALTH DEPT.	SE NAME OF	ALU O	HO WO JONE	OR	ADDRESS	R



FUNERAL DIRECTOR: IMPORTANT

CERTIFICATE OF DEATH I, NAME OF DECEASED (Type or Print) ARTHUR A. LOTH Jan. 23, 1970 Jan. 23, 1970 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before or A. STATE B, COUNTY Maryland C. CITY OR TOWN D. INSIDE CITYLIMITS? PLUL NAME OF ADDRESS OR LOCATION) 1125 E. Belvedere Ave. E. STREET AND NUMBER 1125 E. Belvedere Ave.	BRITH NO. I. NAME OF DECEASED I. NAME OF DECEASED I. NAME OF BATTHUR A. LOTH 3. PLACE IN BALTIMORE MARKLAND, WHERE PRONOUNCED DEAD II. NAME OF MENDITAL OR INSTITUTION, GIVE STREET MOSPITAL OR II. SEE BELVE OF AVE. II. SEE BELVE OF AVE. II. SEE BELVE OF AVE. II. SEE BELVE OF BELVE	1	-200 70 H	BALTIMORE CITY	Y HEALTH DEPARTMENT 70 00972
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FUNERAL DIRECTOR: IMPORTANT

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	TH NO. TAME OF DECEASED	
	LE ROY M. POLVOGT M.	D. 2. DATE AND HOUR OF DEATH 1-23-70 19:15 PM M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FL H	LL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET STITUTION STITUTION (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND B. L. C. 33-00 C. CITY OR TOWN 21152 D. INSIDE CITY LIMITS?
3	3 THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER
5.	EX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. , II Under 24 Hrs.
	MALE WHITE WIDOWED DIVORCED	9-21-96 last birthdoy) 73 Months; Doys Hours Min.
dor	. USUAL DCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR during most of working life, even if retired)	11. BIRTHPLACE (State or fareign country! 12. CITIZEN OF WHAT CDUNTRY?
_		sp. Wilmington, N. C. USA
13.	FATHER'S NAME	sp. Wilmington, N. C. USA 14. MOTHER'S MAIDEN NAME
	CARL POLVOGT	M '
15.	Was Deceased Ever in U. S. Armed Forces? In a or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS
	No. SECURITY NO. 579-38-976	Esthern Delmont Come
	18. 412, 4 4 1 250, 9 CAUSE OF DEAT	
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	USE MYOCARDIAL FATHERE - ? CVA
	(A) MMEDIATE CA This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
		DSC CRATA CARA WARRANTE
	DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS	OSCIETOTIC CARDIOVASCULTE DISTASE
	rise to the above cause (A) stoling the UNDERLYING CONDITION last, (C)	
	II (1) DIABETE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	SMALL BOWEL INFARCTION
RTI	JAN 14, 1970 AS PERFORMED AND PATEN	20A. AUTOPSY? (Ves or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, factory, sireet, of DEATH (notify medical examiner) 21A.	ffice bldg., INJURY OCCUR?
$ \Sigma $	21D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY D.CCURRED	NA .
ME	(APPROX.) A N.A While At T A JA Not While	21F. HOW DID INJURY OCCUR?
	22. I certify that (i) this haspital attended the deceased from that (i) (we) lost saw the deceased alive on 723	19 70 and that in (my) (our) opinion deoth occurred on the date
	and hour and from the causes stated above (1) (We) (did) (did not)	lew the body after death.
	23A. SIGNATURE	23B. DATE SIGNED
	(Change) Phy	Inding Med. Staff Director Phys. D
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
244	VERNON TOLO DEGREE	THE JOHNS HOPKINS HOSPITAL
	REMD VAL (Specify)	
	urial 1-27-70 Glencoe, Immar	
	AN 27 1970 OLGER E Jaber 1200 0	25C. FUNERAL DIRECTOR Sons Co. 4905 York Rd. Baltimore, Md. 21212
VS 1	50-REV- 1/1/68	

21152 rural

Phy. Surgeon

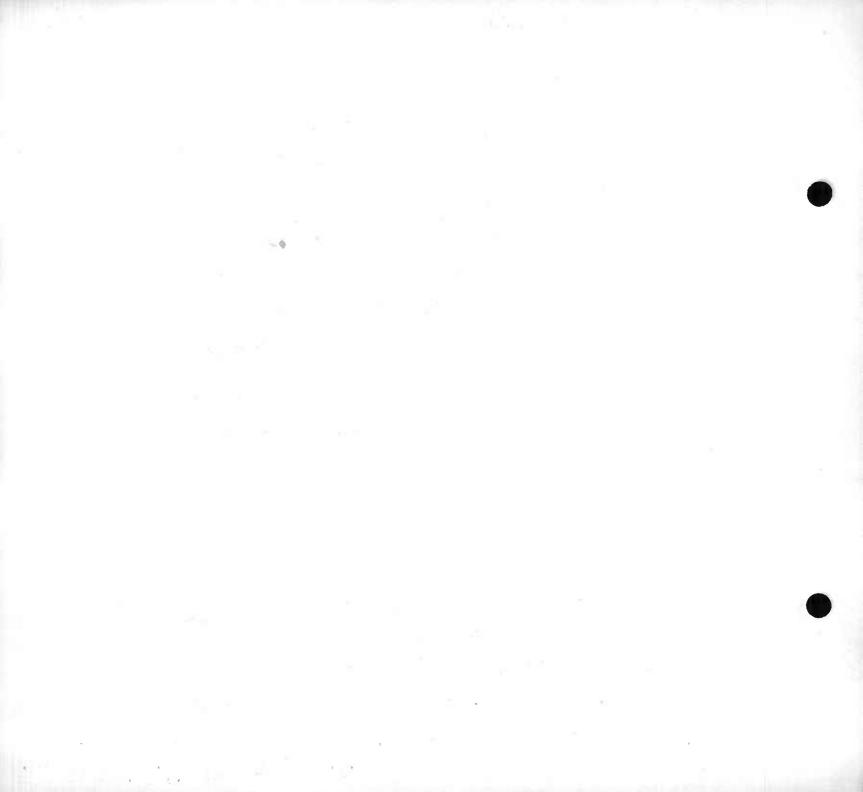
Johns Hopkins Hosp. Wilmington, N. C.

A. Leism

579-38-9767 Esther Polve

No.

	H-500 70 009	BALTIMORE CITY	HEALTH DEPARTM	IENT	70 00975
BI	RTH NO.	CERTIFICA	TE OF DEA	TH REG. NO	70 20070
1.	NAME OF DECEASED CF E H	AUNIE	2. 0	DATE AND HOUR OF DEATH	-20
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PI	PONDUNCED DEAD	IIA LISUAL RESIDEN	1-25-70	3 PM.
			A. STATE	COUNTY	itution: residence before admission)
-∥ B	ULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	AND INCID	E CITY LIMITS?
L	The UNION MEMOR	2101 HOSDIN	Balti	MARKE	YES NO
	BAHIMORE 1	Mg. 21218	E. STREET AND NU	#ADIEU Sa	N. 21218
5.		RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
10.	A. USUAL OCCUPATION (Give kind of work 108, KIN	WED DIVORCED DIVORCED	9-19-8	2 0/	
do	the daying most of working the, even it felited)	D OF BOSINESS ON INDUSTRI	11. SIRTHPLACE (State	e or foreign country!	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	n Home	Gedene	lle Va.	U.2. X.
	Elin H El	0.	14. MOTHER'S MAIL	JA D Sh	1-000
15. (Ye	Was Deceased Ever in U. S. Armed Forces? (s, no or unknown) (If yes, give war or doles of serv	1 6. SOCIAL	17. INFORMANT	un 6. 11	ADDRESS
	No	SECURITY NO.	27 00	0. 24	03 Pinepurit
	18.4-10.4	CAUSE OF DEATH	1	ien saynie	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1. 11	Yesand D.	BETWEEN ONSET AND DEATH
	(This does not mean the made of dving	e.g., (A) IMMEDIATE CAU	SE CULLE LA CONSEQUENCE OF:	Journal Man	ct/18 6 hours
ı.	heart failure, asthenia, etc. It means the disc injury or camplication which coused death.)	iase,	CONSEQUENCE OF:	-	
	ANTECEDENT CAUSES	Loron	me Orles	, hrombace	
	DISEASES OR CONDITIONS, if any, gi	ving (B) DUE TO, OR AS	A CONSEQUENCE OF	7	***************************************
	nise to the above cause (A) stating UNDERLYING CONDITION lost.	the (c) due	to Con	overy Atherosch	ereas
_	II			V	
5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI	NG NAL			
5	19A-DATE OF OPERATION 198 CONDITION F	***************************************	20A. AUTOPSY? (Ye	s or No. 208, IF YES, WERE FIN	DNC CANCIDER
CERTIFIC	WAS PERFORMED		NO	IN CERTIFYING CAUS	ES OF DEATH?
CAL	21A- ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofify medical examine)	21B PLACE OF INJURY (e.g., in home, form, factory, street, officetc.)	or obout 21C. WHERE INJURY OC	DID (If In Boltimore C	lty, give exact location)
MEDI	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED		DID INJURY OCCUR?	
~	(APPROX.)	While At Work Not While At Work			
	22. I certify that (I) (th is boottal) attend		Jan'	1945 to Jan	. 25 19 70
	that (1) just saw the deceased alive			and that in (my) (popular	n death occurred on the date
	and haur and from the causes stated abov	o (1) (14) (qtd) (4) vi	ew the body after d	leath.	
	Katherin N. Bors	Atten	ding Med.	Stoff C	1-1 (-7)
	23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director 3D. ADDRESS	Phys. L.	73/
	Dr. Katherine	H. Borkovich	550 N.	BROAN WAU	- BALTIMARE MI
24A	BURIAL CREMATION, 248. DATE 249 REMOVAL (Specify)	C. NAME of CEMETERY OF CREA	MATORY	24D. LOCATION (Gif.	town, or county) (State)
	em.Burial 1/27/70	Roseland Cem.		Reedsville,	Va.
25A	JAN 27 900 LEST E 250 NA	AE OF REGISTRAR	H. Jenk	Ling & Sons Co.	4905 York Rd.
WS.	150-REV. 1/1/68			Balto.	Md. 21212



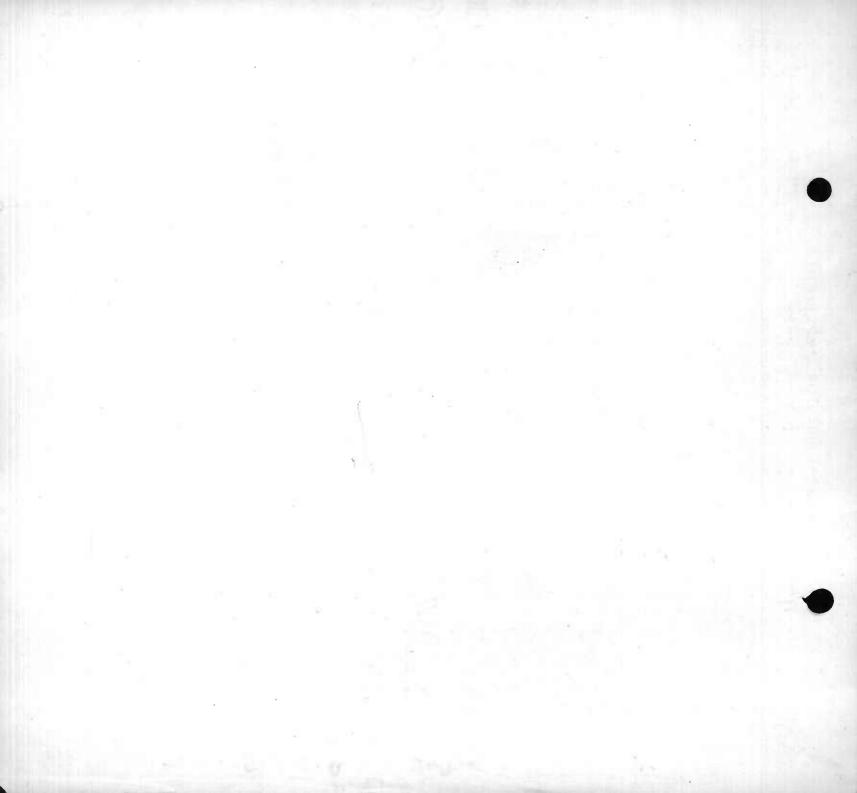
W-426 BIRTH NO.	70 00	1(1)")()	HEALTH DEPARTMENT	REG. NO	70 009?6
1. NAME OF DECEASED	Juliet -	T. Walker	2. DATE AN	D HOUR OF DEATH	7000
3. PLACE IN BALTIMORE, FULL NAME OF HOSPITAL OR AL		OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE I Whe A. STATE B. COUN Maryland	to deceased lived If in-	ditution: residence before odmission
Mantanon	reen Nurs		E. STREET AND NUMBER		PE CITY LIMITS? YES NO NO
5. SEX 6. RACI	\\\	MARRIED NEVER MARRIED VIDOWED DIVORCED	Upland Road	9. AGE (In years lost birthday)	If Under 1 Ys. II Under 24 Hrs Months! Doys Hours Mins
10A, USUAL OCCUPATION done during most of working li HOUSEWIFE	(Give kind of work 108	S. KIND OF BUSINESS OR INDUSTRY OWN Home	3-4-1886 11. BIRTHPLACE (Stole of Force) Baltimore, A		12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME Benjam	in H. Tys		14. MOTHER'S MAIDEN NAM Virginia Ca	AE	U.S.A.
5. Was Deceased Ever in Yes, no ar unknown) (If yes,	J. S. Armod Forces? give wor or dotes of	servicel 16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Julian N		Address Same
DISEASES OR CON rise to the above UNDERLYING COND OTHER SIGNIFICANT CO	cause (A) sta	BUTING	A CONSEQUENCE OF:		3975
19A. DATE OF OPERATI	ON 198 CONDITION WAS PERFORA	A). ON FOR WHICH OPERATION AED	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN IN CERTIFYING CAUS	NDINOS CONSIDERED LES OF DEATH?
OR CONTRIBUTINO	CAUSE OF	21B. PLACE OF INJURY (o.g., in hamo, form, foctory, street, officetc.)	or obout 21 C. WHERE DID	(If In Baltimare (City, give exact lacation)
21D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Year) (Ha	While At Not While At Work	21F. HOW DID INJU	RY OCCUR?	
that (1) (we) last say	the deceased al	ive on shove (I) (We) (did) (did not) yes	19 70 and the aw the body after death.	t in (my) (our) opinio	5 January 19 20 on death occurred an the date
23 C. PHYSI CHAN'S	Or. Willia	Attended Phys. Attended Phys.	Med. Director DADDRESS 5006 Roland	haff hys.	1-27-70
REMOVAL (Specify) Burial	24B DATE 1-28-70	24C.NAME OF CEMETERY OF CREM Greenmount	IATORY 24D. LO	CATION (City.	town, or county) (State) Md.
JAN 27 SIV	H DEPT. 25B	NAME OF GEGISTRAR			Co. ADDRESS calto., Md. 2121



		1
•	r or his assistant if death occurred in a hospital and. Also, if the direct or contributing cause of death ure of any kind; (4) Undetermined cause; (5) Deceased on ounced death was in regular attendance on the deceased prior to death. Such almed or final disposition is made.	
AN	stant ne di ind; leath e on	
OR	if the any keed danc	
W	Also, re of concount attentant	
FUNERAL DIRECTOR: IMPORTANT	ef medical examiner medical examiner dy burns; (3) A fract physician who procian was in regular he remains are embine	
	dy was (1) An O.A. a sed print apprin	2
	his cellocate box as D. as D. eccas	
	N 3 0 3	

1	4-201			Y HEALTH DEPARTMENT		
	RTH NO.	70 009	?? CERTIFICA	ATE OF DEATH	REG. NO	70 00977
1. i (Ty	Pe or Mint)	11	1/	2. DATE AN	ID HOUR OF DEATH	
1	Hohousus	Willia	n Hayes	1.2	5.70	17:40 D M
3.	PLACE IN BALTIMORE, MAR	YLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	e deceased lived If in	stitutions residence before admission)
FL	ILL NAME OF (IF NOT ADDRESS	N HOSPITAL OR IN	ISTITUTION, GIVE STREET	Md c. CITY OR TOWN		2710
1		,	11 . 1	122/4' &	1212	DE CITY LIMITS?
†	Union Mer	morial	Hospital	E. STREET AND NUMBER	1 11	YES NO
5.	SEX 6. RACE	17		15/9 Wak	land Hu	e
	MW	WIDO		8. DATE OF BIRTH 08.02.97	9. AGE (In years last birthday)	Months Doys Hours Min.
10/ dor	LUSUAL OCCUPATION (Give to during most of working life, ever	kind of work 10B, KIN	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or love	gn countryl	12. CITIZEN OF WHAT COUNTRY
6	ET. BARTENA FATHER'S NAME		Rdon-MURRAY			USA
٥.	PAINER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	Thomas t	tanes		Janie Co	rens	
5. Ye	Was Deceased Ever in U. S. s,na or unknown) (If yes, give	Armed forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	YES WW			(Hazzira)	Clasett	
	18. 6600	- ANI	CAUSE OF DEA	14 (103)1121	VIST	APPROXIMAYE INTERVAL
	DISEASE OR COND	TION DIPECTLY	0.1001 0. DEA			BETWEEN ONSET AND DEATH
	LEADING TO				11-1	
	(This does not mean the	mode of dying,		USE SCUTE GIL A ACONSEQUENCE OF:	rieed	***************************************
	heart failure, asthenia, etc. injury ar camplication which	It means the dise h caused death.)	ase,			
	ANTECEDENT					
	DISEASES OR CONDITIO		(B)	A CONSEQUENCE OF:		
	rise to the above ca	use (A) slaling	the	A GOUSEGUENCE OF:		
	UNDERLYING CONDITION	lasi.	(c)			***************************************
z	OTHER SIGNISIGANT CONDE	ONE CONTRIBUTE	10			
ATION	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL	ATED TO THE TERMIN	IAL			
ū	DISEASE OR CONDITION GIV	EN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes of No.	20B IB Vee 144505 51	
CERTIF	19A. DATE OF OPERATION	WAS PERFORMED	OK WHICH OVERAHON	ADIOPSTITUES OF NO	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
3	21A. ACCIDENT WAS UNDE	RLYING	21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	III la Baltimana	Charles and the second
	OR CONTRIBUTING CAUS	E O F	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	ffice bldg., INJURY OCCUR?	lis in pariimare	City, give exact location)
U						
MEDI	OF INJURY	(Hour) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
-	(APPROX.)		While At Wark At Wark	• 🗆		
	22. I certify that (1) (this	hospital) attende	ed the deceased from	12:13:69	* to	1.25.70
	that (t) (we) last saw the			1970 and the	4 l= (_
					(our) apini	ion death accurred on the date
	23A. SIGNATURE	ises stated above	(did not)	few the bady after death.		
	-27	mn	Δ+4-	ending Med.		23B. DATE SIGNED
	of Physician egele	-M.D.	DEGREE Phy	s. Director L 1	Staff Phys.	1-25.70
į	PHYSICIAN'S	1 (23D. ADDRESS	,	1
	M. Cene	da Mi	DEGREE	Union Man	marial X	torata/
4A	BURIAL CREMATION, 248, REMOVAL (Specifyl		NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (City	town, or countyl (State)
I	Burial 1-	1 10.0	odlawn		lto., Co.	Md.
25A	DATE REC'D BY HEALTH D	EPT- 25B. NAA	AE-OF-REGISTRAR	25C. FUNERAL DIRECTOR	2.Can = 0 =	ADDRESS
1	AN S.Y LAYOU DAY	est en valor	2000	now veuking	&Sons Co.	
15	150-REV. 1/1/68				Balt	o.Md. 21212

Thomas Hopes out day to the







4-211	1/	0000	BALTIMORE CITY				70 00981
BIRTH NO.	10	00981	CERTIFICA	TE OF DI	EATH	REG. NO	3,3001
NAME OF DEC		D D			2. DATE AN	D HOUR OF DEATH	
Type or Print)	Mrs.	BelleE.	Husfelt			an. 21, 197	0000 111
PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESID	B. COUN	e deceosed lived. If in	nstitution: residence before admission
ULL NAME OF IOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITUT	TION, GIVE STREET	C. CITY OF TOW		Laltino, D. INS	re (it 1706) IDE CITY LIMITS? YES NO NO
90	Long Green M Baltimo	-	Home	E. STREET AND	NUMBER		110
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	If Under 1 Yr., If Under 24 Hr
	UPATION (Give kind of work working life, even if retired)	WIDOWED	DIVORCED	12/24/18 11. BIRTHPLACE	381	lost birthdoy)	Months Doys Hours Min.
Book A	leeper .	Wil. Tru	ust Co.	Maryl 14. MOTHER'S A	and		U.S.A.
				14. MOTHER'S	MAIDEN NAM	A E	
Will	liam Husfelt				ances	Bramble	
es, no or unknown	Ever in U. S. Armed For	ces?	6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
no	y two deep man form		2/3-48-5463	B. Veach	2601	Gibbons Ave	e. Baltimne Ad.
18.4/2	4-1		CAUSE OF DEATH	1		January Company	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEAS	SE OR CONDITION DIF LEADING TO DEATH	RECTLY					3.0
(This does a	nat mean the made of	duina	(A) IMMEDIATE CAU	SE Arteri	ioscle	rotic car	dio- 10 yrs.
	asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE	of vasc	rotic car ular dise	ase
	nplication which caused				No.		
	ANTECEDENT CAUSES		(n)				
DISEASES C	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENC	E OF:		
rise to the	e abave cause (A)		4.				
UNDERLIIN	G CONDITION last.		(C)				
TO THE DEAT	II FICANT CONDITIONS CO- TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR	HE TERMINAL					
	OPERATION 198. CON WAS PERI	DITION FOR W	HICH OPERATION	NO NO	Y? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING UTING CAUSE OF	21 B. P home, etc.)	PLACE OF INJURY (e.g., in form, foctory, street, of	n or obout 21C. W fice bldg., INJURY	HERE DID	(If in Baltimo	re City, give exoct location)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E, I	INJURY OCCURRED	21 F. HC	OW DID INJ	URY OCCUR?	
(APPROX.)			Not While	e 🗍			
		Work	A =	ril		. 66 Jar	21 70
	that (1) (this-hospital		T accedsed from			9 66 to Jar	1. 2 <u>1</u> 19 70
that (1) (we)	lost sow the decease	d allve on	Jan. 14,	19.70	ond the	at in (my) (our) opl	Inion deoth occurred on the de
and have an	d fram the couses stat	red obave (1)	(We) (did) (did not) v	iew the body o	fter deoth.		
23A. SIGNATU	DRE A	011	1 . 6		21.11.11		23B, DATE SIGNED
1	SPAIN!	10	Alte by	nding M	ed.	Staff Phys.	Jan. 22, 1970
23C. PHYSICIA NAME (T	um al			23D. ADDRESS			
IAMINE (I	Br. Lloy	d Saylor		39	02 Gree	nmount Ave.	Balto.
4A. BURIAL CRE	MATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY	24D. LO	OCATION (C	ity, town, or county) (Stole)
Bunial	opecity)	11			Pa	nt Honorid	(. 1 Ac)
DURLAL 5A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF	pury emetery	25C FUNERA	Distant	y reposit,	Lecil, I'd
JAN 28	3 1970 R. Best	E. Feller	NO O ON	Ole 9	1 atte	rson & Son	Penninilla Ad
S 150-REV. 1/1/	6B		-				The state of the s

tellyet by the



0 115	- 200	000	BALTIMORE CITY	HEALTH DEPARTMEN	T	70 00983
0-165	70 110	983	CERTIFICA	TE OF DEAT	H / REG. NO	
IRTH NO.			CLKIIIICA			
NAME OF DEC					E AND HOUR OF DEATH	
ype of rams	William F. Sp	ring	field, Jr.	Jan	uary 23,1970)
PLACE IN BAL	TIMORE, MARYLAND, WHE	RE PRONO	UNCED DEAD		Where deceased lived. If in	stitution; rasidence before admission
				Maryland	Anne Arunde	10.00
ULL NAME OF	(IF NOT IN HOSPITAL ADDRESS OR LOCATION	OR INSTITI	UTION, GIVE STREET	C. CITY OR TOWN		IDE CITY LIMITS?
STITUTION				Pasadena	D. 11431	YES NOXX
4				E. STREET AND NUMB	ED	AE2 NOFY
Saint	Agnes' Hospit	al		Box 66F Wa		
SEX	6. RACE 7.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months! Days Hours Min.
M	W	VIDOWED	DIVORCED	Dec 9,1924	45	
	UPATION (Give kind of work 10)	B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNT
one during most of Mainten	warking life, even if retired)	ity s	anitation D	ent Mar	vland	U.S.A.
		i ty o	alli tation b		•	0.3.A.
FATHER'S NA				14. MOTHER'S MAIDEN		
Villiam	F. Springfi	eld		Margie Ed	cton	
. Wos Deceased	Ever in U. S. Armed Forces	?	1 6. SOCIAL	17. INFORMANT		ADDRESS 01 100
es, no of unknow	(t) yes, give wor or dates o	f service)	SECURITY NO.	Viola Onni	ofield Day	66E Wall Daine
res	N/A		-1121001		ngfield Box	
18.	1.91		CAUSE OF DEATI	1		APPROXIMATE INTERVA
DISEA	SE OR CONDITION DIREC	TLY	(Jana)	lesone.	n.l.	50 m. M.
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE SE	1 my muc	1 Simonia
	nat mean the made of dy			A CONSEQUENCE OF:		
	asthenia, etc. It means the application which caused de					
		W 11787				
	ANTECEDENT CAUSES		(B)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	OR CONDITIONS, if any		DUE TO, OR AS	A CONSEQUENCE OF:		
	e above cause (A) sta G CONDITION last.	aling the	(c)			
			(0)			100000000000000000000000000000000000000
2		NIDILITIN LO				
	FICANT CONDITIONS CONTE TH BUT NOT RELATED TO THE					
DISEASE OR	CONDITION GIVEN IN PART 1	(A).		120.4	NATURAL DOOR OF MEET WEEK	FINE CONCLETE
IYA. DATE O	F OPERATION 19B. CONDIT		WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED
19A. DATE O				100		
21 A. ACCIDE	NT WAS UNDERLYING UTING CAUSE OF	21B	PLACE OF INJURY (e.g., i	fice bldg., INJURY OCCU	ID (If in Boltimor	re City, give exact location)
	y medical examiner	etc.				
21 D. TIME	(Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED	21F. HOW DIE	NJURY OCCUR?	
OF INJURY			ile At Not Whil			
(APPROX.)		Wo				
22. 1 cartify	that (1) (this haspital) a	ttended +	he deceased from	10/28	19 69 to 1	123 1970
				- 1969 a		
) last saw the deceased (Inlan death accurred an the o
and hour an	d from the causes stated	abave. (l) (#e) (did) (d id net) v	iew the bady after de	ath.	
23A. SIGNAT			1.			23B. DATE SIGNED
1 (0	in Gin	ech	Man Atte	nding Med.	Shaff Phys.	1/23/70
226 811461		J-1	DEGREE	Director L		
PHYSICIA NAME (O Wilkens Aven	
Ko) .	00	Bal	timore, Maryla	and 21229
4A. BURIAL CRI	MATION, 248. DATE		AME of CEMETERY OF CRI			ity, tawn, ar county) (State
REMOVAL	(Specify)					
Bu	urial 1/26/70		stern Cemet	ery	Baltimore	
TARTE OFE	BY HEALTH DEPT. 25	B NAME	OF REGISTRAN	25G FUNERAL DIRE	CPOR	ADDRESS Drotte Otricko
ON VIEW	1510 10000 E	adoca	W. D.	Walters	wheral mome	Pratt&Stricke
S 150-REV. 1/1/	/68					Sts.

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Marie Carlot and Carlot and Carlot

6-400	70 0098	a.	HEALTH DEPARTMENT	X Registered Na.	70 00984
M.E. CASE NO. 1. NAME OF DECEASED	<u> </u>	CERTIFICA	TE OF DEATH	AND HOUR OF DEATH	
(Type or Print)	KAlph	BAILEY	JAN	1. 12 191	70 1 6:45 6
3. PLACE OF DEATH IN BALTIA	NORE MARYLAND		4. USUAL RESIDENCE (WA, STATE B, COL	here deceased lived. If	institution: residence before admission
HOSPITAL OR oddress	n hospital or instituti or location)	on, give streol	c. CITY OR TOWN (If	170. CO a	RURAL ond give township)
St, Agi	nes Hos	pital -	Baltimo		
40 Wilke	ens Au	le.		(If rurol, give locotion)	. had
S. SEX 6. RACE		IED, NEVER MARRIED WED, DIVORGED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA, USUAL OCCUPATION (Give	re m	Arried	8/30/1895	74	
one during most of working life, ever	n if retired)		11. BIRTHPLA CE (Stoto or fo	oroign country)	12. CITIZEN OF WHAT COUNTRY?
Painter 3. FATHERS NAME	Pa:	inter Laborer	Ohio	AAAF	USA
			Minnie		
5. Wes Deceased Ever in U. S. Yes, no or unknown) (II yes, give v	Armed Force ?	1 6, SOCIAL SECURITY NO.	17. INFORMANT	1	.127 Courtney Ro
	no	235-32-6930	Mrs. Evelyn		altimore, Md.
18.571.91		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR COND		Cil	urhosis oft.	Te liver	17 yours
(This does not meon the	mode of dying,	e.g., DUE TO		7.0	
heoil failure, asthenio, etc.		ose,			
ANTECEDENT	CAUSES	(8)	·····		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
DISEASES OR CONDITIO		ing			
rise to the obove co		the (C)	***************************************		
OTHER SIGNIFICANT CONT					
DISEASE OR CONDITION CO	AUSING IT.		20 A. AUTOPSY? (Yes or	Noll 200 te vee week	SINDINGS CONSIDERED
O OFERATION	WAS PERFORMED	DK WHICH OFERATION	ZON. AUTOPSTETIES OF	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDO OR CONTRIBUTING CAUS DEATH (notify medical exami	SE OF	21B. PLACE OF INJURY (o.g., ir home, lorm, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Soltimo	ore City, givo exact location)
21D. TIME (Month) (Do	y) (Year) (Hour)	21E, INJURY OCCURRED	21F, HOW DID II	NJURY OCCUR?	
OF INJURY		While At Not While At Work			
22. I certify that (I) (this	haratanth assauda		1464 26-	1952 to 1	Tarch 29 19 63
that (1) (wa) last saw the		10 0 20 1 7	9 1963 and	1	pinian death accurred an the d
		e. (I) (We) (dtd) (did nat) v	. /		mon death accorred an the c
23A. SIGNATURE	(1)	s: (1) (11 0) (410) (414 1141) V	lew the bady after death	11.	23B. DATE SIGNED
Mille X	9.16.11	M.D. Atte	nding Med.	Stoff Phys.	1/13/20.
23C. PHYSICIAN'S	c mu	MANA	23D. ADDRESS	rnys.	1/1//
NAME (Type) CILB	FRT F.	RUDMAN M.D.	2517 W.	BALTIMOR	E 57.
4A. BURIAL CREMATION, 24B.	DATE 240	NAME OF CEMETERY OF CRE	MATORY 24D.		City, town, or county) (State
REMOVAL (Spocify) Burial Ja	n 15/70	Mountain Dal	e Cemetery	Shanks H	lampshire W Va
SA. DATE REC'D BY HEALTH D	EPT. 258 NAA	MOUITGATH DAT	25C. FUNERAL DIRECT		ADDRESS
JAN 28 1970 Pa	Bert E. Jack	C O Charles	o wade of	MCKee	augusta, W V.
/S 150-REV. 1/1/65			U / VI		7

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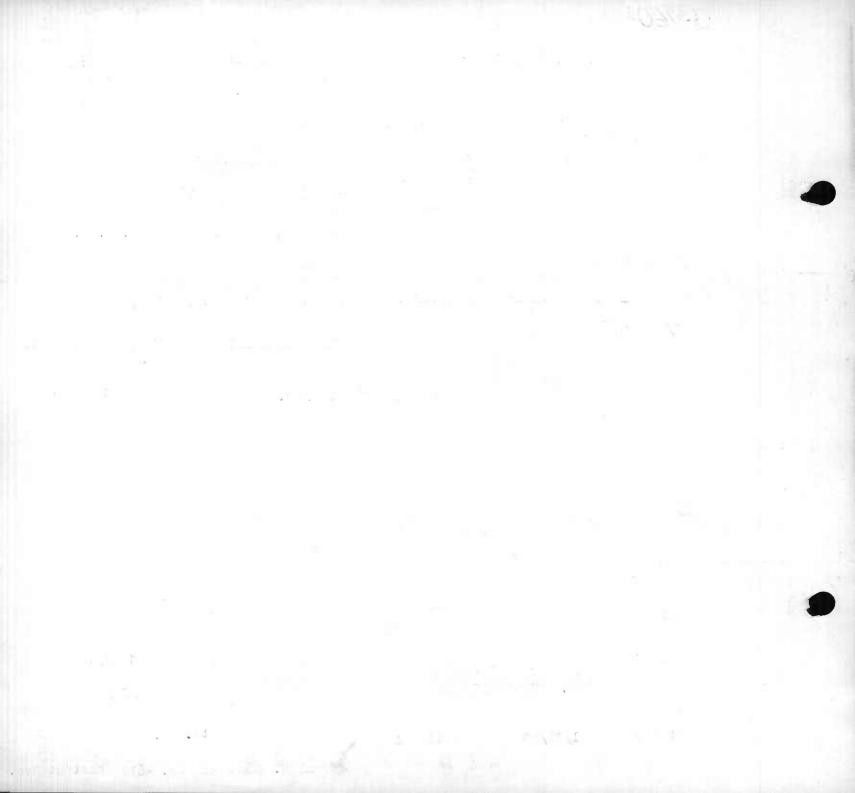
11.	3 ()		BALTIMORE CITY	HEALTH DEPARTMENT		70 00005
G-63 BIRTH NO.	70 01	0985	CERTIFICA	TE OF DEATH	REG. NO	70 111385
1. NAME OF DEC		N E. GRO	THE		ND HOUR OF DEATH	approx A
3. PLACE IN BAL	TIMORE, MARYLAND, WI	HERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (Wh		nstitution; residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION)	TION, GIVE STREET	Md.		1306
	710 W. 331	rd. St.		Balto. E. STREET AND NUMBER		YES NO NO
00				710 W. 33rd.	St.	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Male	Cauc.	WIDOWED	DIVORCED	6/28/08	lost birthdoy)	Months Doys Hours Min.
		10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
	working life, even if retired)	Thild De	v Come Conte	Md.		
3. FATHER'S NA		ourid Da	ay Care Cente	14. MOTHER'S MAIDEN NA	AAE	
WINITER 3 NA	0			THE THER S WAIDEN NA		
	•				3	
	Ever in U. S. Armed Force (If yes, give wor or dates		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
10	gard man gard gard op of table of	P 000 000 000 000	18-0507698	Margaret M. G.	rothe 710 W	7. 33rd St.
1B. / /	1 41250.	9	CAUSE OF DEAT	-		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DIR	ECTLY	0 -	0	(. 11 -	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE BY	Jeruscler	which Hear	I Deuse UNC
	not mean the mode of asthenia, etc. It means			A CONSEQUENCE OF:		
	mplication which caused			1 . 1	L	
	ANTECEDENT CAUSES		Just Sus	seunc M	per les	SIRW WILL
DISEASES	OR CONDITIONS, if a	inv. giving	DUE TO, OR AS	A CONSEQUENCE OF:	1	
rise to th	e abave couse (A)		0		J	
UNDERLYIN	G CONDITION last.		(c)			
z	11		7	-1 - N	11-	. 1/
TO THE DEA	FICANT CONDITIONS CON TH BUT NOT RELATED TO TH			abetes n	rellique	WIL
DISEASE OR C	ONDITION GIVEN IN PART	1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or N	0) 208 IF YES WEDE	FINDINGS CONSIDERED
OTHER SIGNII TO THE DEA' DISEASE OR CO 19A. DATE OF	WAS PERF		THE OFERATION	Autoralities of the	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDE	NT WAS IINDERLYING	212	PLACE OF INTERVIEW	n or obout 21 C. WHERE DID	(16 In Rolling	re City give exact legation)
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner	home etc.)	e, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(it in Rolliwo	re City, give exact location)
210 7111			INCHIAN COSTITUTO	215 (12)	IIIAY O G G	
21D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Worl	k Not While	e 🔲		16
22. 1 certify	that (1) (this haspital)	ottended th	e deceased from	aurest	196 / 10	January 1967
/) lost sow the decease		Seo 2	- 10069		
						infon deoth occurred on the dot
		ed obove. (I)	(We) (did) (did not)	riew the body ofter deoth.		4
23A. SIGNATI	URE SAME	n Or	AHA CAA	ending Med.	Staff	23B. DATE SIGNED 70
2300 211751	and the sun	acy	DEGREE Phy	s. Director	Phys.	27/0
NAME ([ype]	c D.	00	23D. ADDRESS	of Stori	- Roth had
2	IAMES J. 11	N-1.141	LL 11'3 DEGREE	of C. Ve	ad N Keel	Lacto Ma
REMOVAL	MATION, 24B. DATE	24C. NA	ME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, town, or county) (Stote)
Burial	1/26/70	0 1	Lakeview	В	alto. Co.	
	BY HEALTH DEPT.	258. NAME Q		2SC FUNERAL DIRECTO	3	ADDRESS
AN 28 197	1 Robert E. Fo	Ber M.1	000	DLB 9 B	4	617 Chestnut Ave.
VS 150-REV. 1/1/	′6B			1		OLI OHESUMUL AVE.

CREEKERS Solventic Her To have a line Supreme try estins in late Sin water Williams Con Jahind My was JAMES IMPRILLIPS 2 E. ROOD STREET BOOKS IN T. Lay

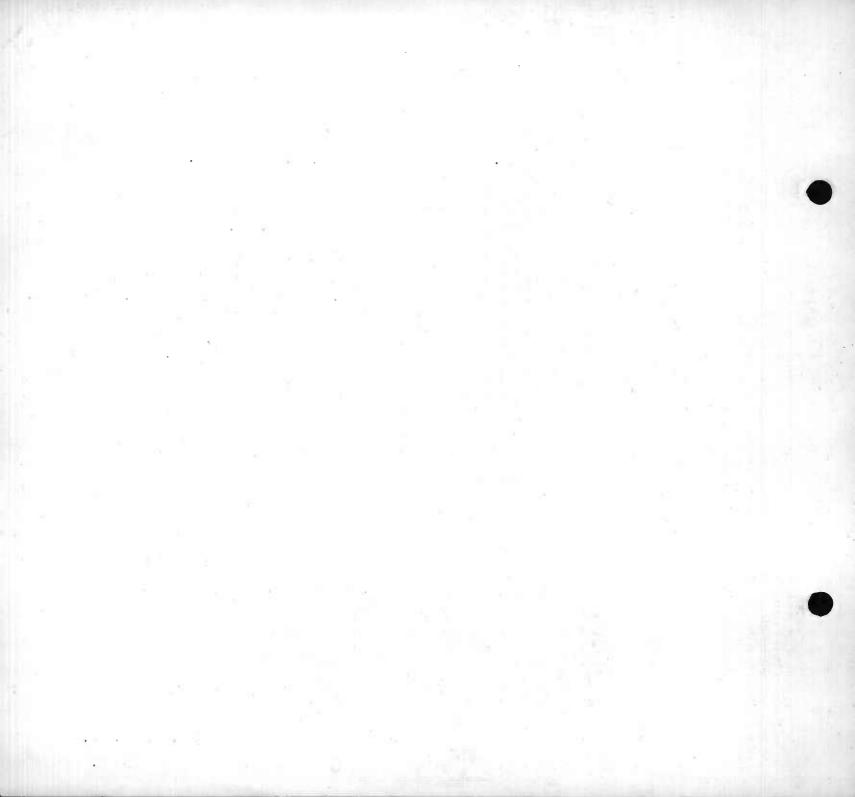
THE R. Dark to re. 141 Constitution of

IMPORTANT

FUNERAL DIRECTOR:



B-240 70 909	BALTIMORE CITY	HEALTH DEPARTMENT		70 0000
P	CERTIFICA	TE OF DEATH	REG. NO	70 110987
BIRTH NO. I NAME OF DEGEASED			D HOUR OF DEATH	H (1)
Type or Print) DIANChe N.	Boslev	1	24-76	3 800 A
B. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admission
OD LATIGOOD IN TOLIN HOS	INICITITION CIVIC STORET	Maryland		1213
ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY EMITS?
ASITOTION		Baltimore		YES NO NO
43		E. STREET AND NUMBER		
South Balto Ger	n. Hospital	1720 S. Char	les St.	
SEX 6. RACE . 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months; Doys Hours Min.
	OWED DIVORCED	5 9 1894	75	Williams Doy's Hoors Williams
DA. USUAL OCCUPATION (Give kind of work 10B. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNT
none during most of working life, even if retired) Housewife	At Home	Balto. B	id.	USA
FATHER'S NAME	AU HOME	14. MOTHER'S MAIDEN NA		0 2 45
Charles Hahn		Laura Barnet	UU	
es, no or unknown) (If yes, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		Mrs. Margaret V	Iright 17	20 S. Charles St.
18. 4 / 4 0 44	CAUSE OF DEAT	H		APPROXIMATE INTERVA
TOUR ASS OF CONDITION DIRECTLY	0-1	111 . 1	1 / 00	BETWEEN ONSET AND DE
DISEASE OR CONDITION DIRECTLY	Cloude	Myjound.	V wild- 1	Vin
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE (1	
(This does not mean the mode of dying heart failure, asthenia, etc. It means the d	, e.g., DUE TO OR AS	A CONSEQUENCE OF:	0	
injury or complication which coused death.				
ANTECEDENT CAUSES				SIL III J. SANS
	(8)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stotin	3	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING			
TO THE DEATH BUT NOT RELATED TO THE TERM	MINAL			
DISEASE OR CONDITION GIVEN IN PART I (A)	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME			IN CERTIFYING C	AUSES OF DEATH?
	218. PLACE OF INJURY (e.g.,	n ar about 21 C. WHERE DID	(If In Boltim	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	,	.,,
21D. TIME (Month) (Doy) (Yeor) (Hou OF INJURY		21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not While Work At Work			
22 1 (1) (1) (1)		1	10 //	1/2 2/ 20
22. I certify that (I) (this haspital) atte	1 1 1	and the same of th	19 65 ta	1/27/0 19
that (I) (we) last saw the deceased aliv	e an 1/22/	70 19 and th	at In (my) (aur) a	olnian death accurred an the d
and haur and from the causes stated ab	ave. (1) (We) (did) (did nat)			
23A. SIGNATURE	, , , , , , , , , , , , , , , , , , , ,			23 B. DAJE SIGNED
11 trace		ending Med.	Staff	1/26/23
1001	DEGREE Phy	s. Director	Phys.	110/
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	e 9	2. PL 115
46. LOUNDH		1558200	3	· parimzs
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City, town, or county) (State
REMOVAL (Specify)				
Burial 1 28 70	Cedar Hill		ooklyn, A.	
5A. DATE REC'D BY HEALTH DEPT. 258-1	TAME OF REGISTRAR	25C. FUNERAL DIRECTO	Mo Culler	ADDRESS
JAN 88 13/1 Uccount E.	ASSOCIATION OF	0 0 9 0 9	Mc Cully	130 E. Fort Ave
'S 150-REV. 1/1/6B				



IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 70 00988 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES NO Il Under 1 Ye If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS HOSP-RECORDS-CATON APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) to JANHARY -ond that in (My) (our) opinion death occurred on the date 23B. DATE SIGNED & WILKENS AVES. BALTO.MD.21229 (City, town, or county) A Truman Schwab 5151 Balto. National Pike VS 150-REV. 1/1/68

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+-420 70 00989	BALTIMORE CIT	Y HEALTH DEPARTMENT		70 00989
BIRTH NO.	CERTIFICA	ATE OF DEATH	REG. NO.	
I.NAME OF DECEASED IType or Print) MRS ANNA FLACK			AND HOUR OF DEATH	9 2%
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO.	here deceased fived, II in:	stitution: residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	HARYLAND C. CITY OR TOWN		DE CITY LÍMITS?
BON SECOURS HOSPITAL		RAITE	D. 114311	YES NO
ZO25 W. FAYETTE St.		E. STREET AND NUMBER		IES AO
BALTIMORE MD 2/223		436 S. FURF	OW ST. BALT	O. MD. 21223
SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 H
FEMALE WHITE WIDOWED	DIVORCED	4 05 80	last birthday)	If Under 1 Yr. If Under 24 Hi Manths Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BU	SINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or fo	oreign country)	12. CITIZEN OF WHAT COUNT
HousewiFe		MARYLAND		US.A
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AAAE	1
RIGBY		~	20116	
5. Wes Deceased Ever in U. S. Armed Farces? [es,no or unknown] (If yes, give war ar doles af service)	SOCIAL SECURITY NO.	17. INFORMANT RA	LTO.14d.	ADDRESS
	JECOKIII NO.	Mes Doroth		4075. FURRO
18. 2 6 9 9 1	CAUSE OF DEA	TH	7 11.11 ()	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEA
LEADING TO DEATH	(A) IMMEDIATE CA	DEHYDRAT	ON	/.
(This does not mean the made of dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	**********	
heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)		114		1
ANTECEDENT CAUSES	34 4	LNUTIRITION		. 7
	(B)			
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR A	S A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
11	(-)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
E ITO THE DEATH BUT NOT RELATED TO THE TERMINAL	100+014-00000 00000 0000			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	CH OPERATION	20A. AUTOPSY? (Yes or	Noll 208. IF YES WEDE E	INDINGS CONSIDERED
19A DATE OF OPERATION 19B CONDITION FOR WHICH			IN CERTIFYING CAU	ISES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF home, for	CE OF INJURY (e.g.	in ar about 21 C. WHERE DID	lif to Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF hame, for DEATH (natify medical examined)	arm, factory, street,	office bldg., INJURY OCCUR?	hi in political	Chy, give exoct locollon;
OF INJURY	URY OCCURRED	21F. HOW DID II	JURY OCCUR?	
(APPROXI	Not Whi	10		
			- 20	3.3
22. I certify that (1) (this haspital) attended the d	11 - 0	1 22	19 70 to 1	23 1970
that (I) (we) last saw the deceased alive an	1/23	19 <u>70</u> and	that In(my) (our) apIn	lan death accurred an the do
and have and from the causes stated above. (1) (Y	(e) (did) (did nat)	view the bady after death		
23A- SIGNATURE				23B, DATE SIGNED
Orathai Thirawat	M. A AH	ending Med.	The state of the s	1
23C.PHYSICIAN'S	DEGREE Phy	A. L. Director L.	Staff Phys.	1/23/70
NAME (Type) ORATHAL THIRAWAT	H.D	BON SECOL	RS HOSPITA	L, BALTO. , HD 212
	GEGREE of CEMETERY of CR	FMATORY 1245	LOCATION 101	Annua de muse à la compansión de la comp
REMOVAL (Specify)	1		LOCATION (City	, town, or caunty) (Stote)
BURIAL JAN. 27, 1970	LOUGON	PART	BOLTO. M	d.
SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF R		25C FUNERAL DIRECTO		A DD RESS
JAN 28 TIM ROBER E TO DE TE	30	G. TOUR	Si Colum	6 3512 FREd. B
S 150-REV. 1/1/68	4	10 1 1 1 1 1 1 1 1 1 1	IN JUNIOR	UJIZIREV.D.



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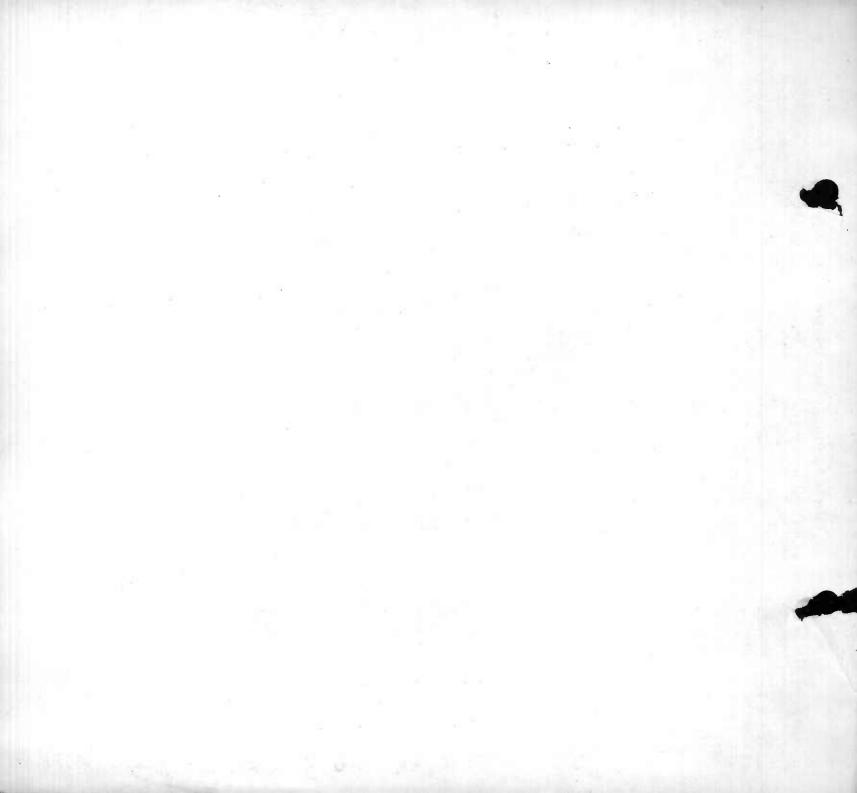
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the state of the s 7 28-81-1 1-19-92 78 Molder Steward Steward - 12/0/1 Frank Majamaki Stella Kozlaszemski

Burnel Fax- The Holy Posery Com Dellimore 11d

VS 150-REV. 1/1/6B

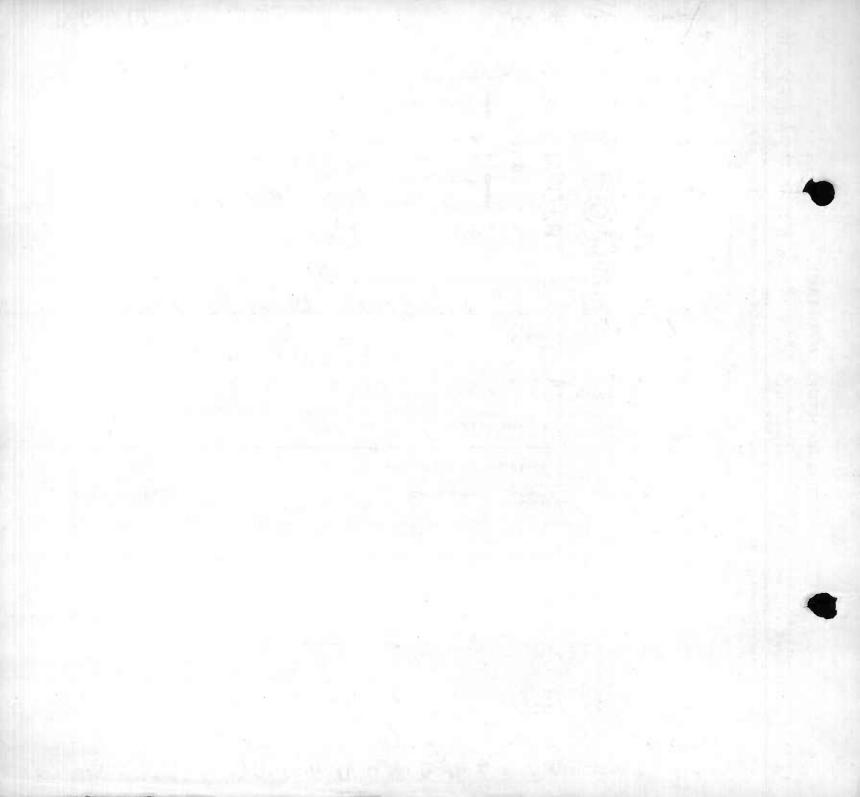
	73 1000		HEALTH DEPARTMENT	70 00000
	70 0099	CERTIFICA	TE OF DEATH REG. NO	70 00992
	H NO. AME OF DECEASED		2. DATE AND HOUR OF DEAT	н
	e or Print) MARGARET	HARTMAN	JANUARY 21	A
3. F	LACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where deceased lived. If	institution: residence belore admission)
			MARYLAND	,011
HO	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET		SIDE CITY LIMITS?
INS	TITUTION 816 S. MIL	TON AVE.	BALTIMORE	YES NO NO
	O O BALTIMORE		E. STREET AND NUMBER	,
		· MD.	816 S. MILTON	AVENUE
5. S	, , , , , , , , , , , , , , , , , , ,	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) DEC. 4/1881	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108. KINE		, , , , , , , , , , , , , , , , , , , ,	12. CITIZEN OF WHAT COUNTRY?
done	during most of working lile, even if retired)		MARYLAND	U.S.A.
13. 1	HOUSEWIFE		14. MOTHER'S MAIDEN NAME	12.3.4.
	UNKNOWN		UNKNOWN	
15. V	Vos Deceosed Ever in U. S. Armed Forces? , no or unknown) (If yes, give wor or dotes of servi	ce) 1 6. SOCIAL	17. INFORMANT	ADDRESS
, 1 63	NO	217-54-0928	Miss CECILIA HAR	mad military 10
	18. 4 / 4 / 2 / 9	CAUSE OF DEAT		APPROXIMATE INTERVAL
Н	DISEASE OF CONDITION DIRECTLY		11 11 1	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAL	in Consorter Heart la	ilue
	(This does not meon the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	
	heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	ose,	11 8:4:0	1
	ANTECEDENT CAUSES	(Inte	200 Scholec Varous Ll	week
	DISEASES OR CONDITIONS, if ony, give	ving DUE TO, OR AS	A CONSEQUENCE OF:	
	rise to the obove couse (A) stoting	the	(who Custitus	
	UNDERLYING CONDITION lost,	(C)		
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG		
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).			
	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes o No.) 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFIC	WAS PERFORMED		IN CERIIFYING C	AUSES OF DEATH!
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID (If In Boltim	ore City, give exact location)
AL	DEATH (notify medical examiner)	etc.)	order of the state	
	21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
\$	OF INJURY (APPROX.)	While At Not While Work At Work	еП	
H	22.1		7000	an - 22 10 70
	22. I certify that (1) (this haspital) attend		19 6 to	f
	that (I) (last saw the deceased alive			plnian deoth accurred on the dote
	and hour and fram the couses stated obov	e. (I) (with (did) (did not) v	riew the body after death.	
	23A. SIGNATURE), , ()		23 B. DATE SIGNED
	William L. Le	M. S. MILL Affer Phy	nding Med. Staff Phys.	
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 15
	William G.	DEYER	156 N. MIHOW-	AVE
24A	BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	City, town, or county) (State)
,	REMOVAL (Specify) JAN- 93/1971	nt remel	CEMETERS RALTIMAR	- MD
25A	DATE REC'D BY HEALTH DEPT. 258. NA/	ME OF REGISTRAR	25% FUNERAL DIRECTOR,	ADDRESS.
	JAN 28 1970 R.S.	E Fallen De D	OF DIMONDEL. KACZORANIE	A 2525 FLEET ST.
1		The state of the s	111111111111111111111111111111111111111	1111



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

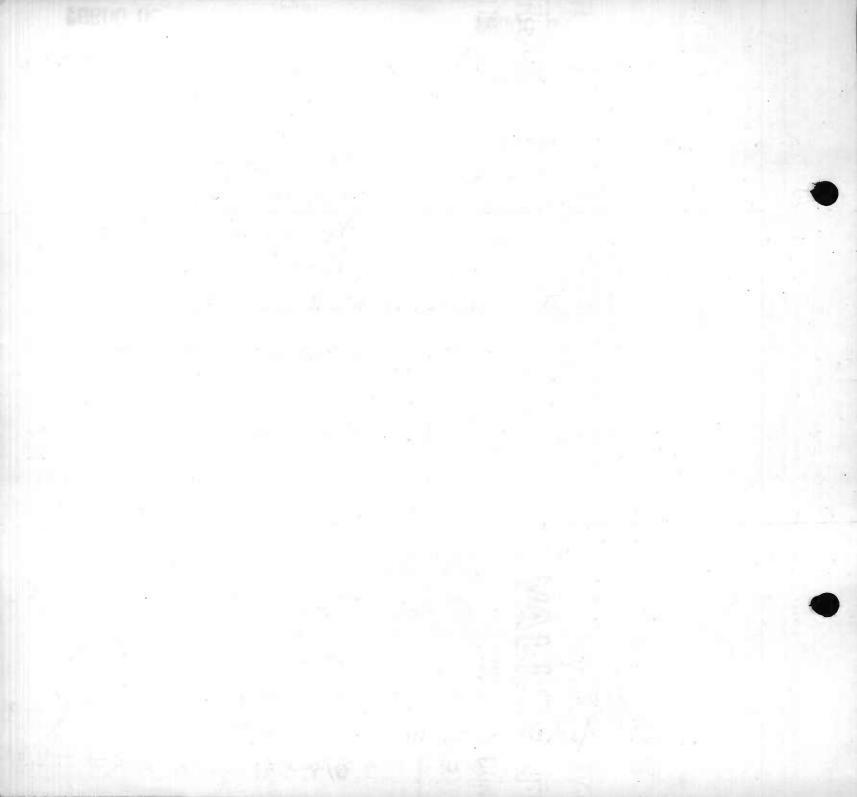
D. INSIDE CITY LIMITS? YES A NO If Under 24 Hrs. Hours i Min. If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in(my) (aur) apinian death accurred an the date (City, town, or county)



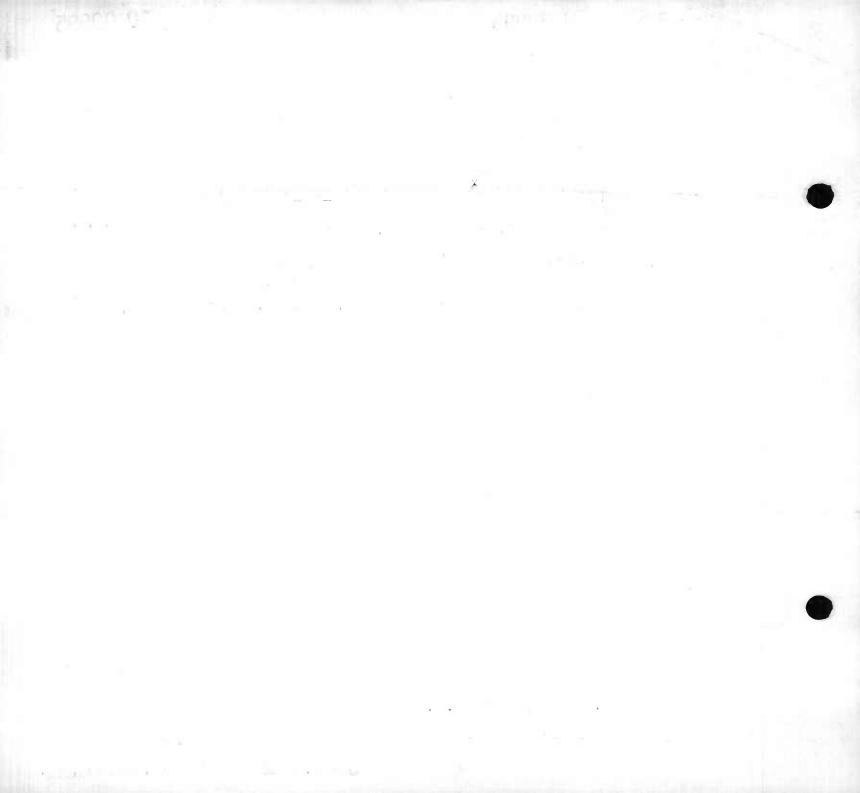
IMPORTANT

DIRECTOR:

FUNERAL



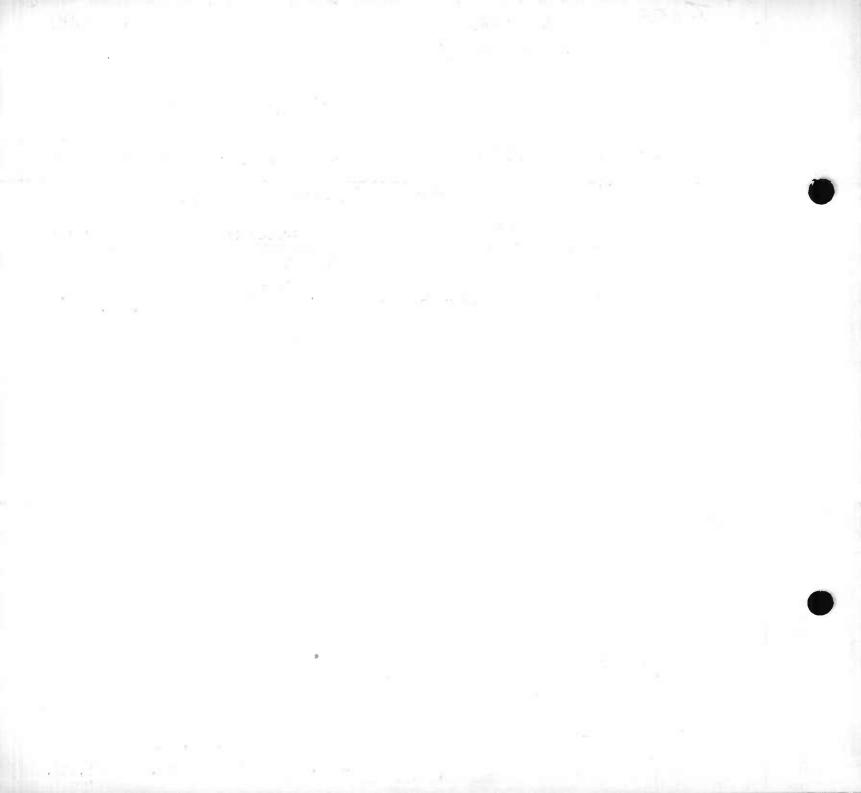
	S-35/			CERTIFICA	HEALTH DEPARTMENT	REG. NO.	20,00995
T.N	PAME OF DECEASED MAL	URICE C	STUME	F		AND HOUR OF DEATH	
3.	PLACE IN BALTIMORE, MA				4. USUAL RESIDENCE (W	4 70 hero deceosad lived. Il in	12:30 PA
	THE JOHNS	HOPK	INS HO	UTION, GIVE STREET	c. CITY OR TOWN DUN	delk ip. ins	ALTIMORE 33.0
	BALTIMORE 3.3	, MD 2	21205		E. STREET AND NUMBER 209 MAPLE		YES NO X
5. S	MALE WHIT	E	WIDOWED		8. DATE OF BIRTH 07-02-10	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 His. Manths Doys Hours Min.
done	. USUAL OCCUPATION (Give e during most of working life, eve Security Guard	kind of work 1		BUSINESS OR INDUSTRY Security Co.	11. BIRTHPLACE (State or le	reign country)	12. CITIZEN OF WHAT COUNTRY
	RICHARD				14. MOTHER'S MAIDEN N. SARAH LE		
1105	Wes Deceased Ever in U. S. s,na or unknown) (If yes, give Yes WW	wor ar doles	e? of Sarvice)	16. SOCIAL SECURITY NO. 214-01-4400	17. INFORMANT Wife: Mrs. Bertha B	. Stumpf Du	Maple Avenue ndalk, Maryland 21:
	18. 436.91			CAUSE OF DEATH	l .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR COND LEADING TO (This does not mean the heart failure, asthenia, etc. injury ar camplication white	mode of d	ying, e.g.,	(A) IMMEDIATE CAU	SE Cardiac A CONSEQUENCE OF:	anest	- 1 min.
	ANTECEDENT DISEASES OR CONDITION rise la lhe above ca UNDERLYING CONDITION	CAUSES ONS, il an	y, giving	(B) Cord DUE TO, OR AS	Lionosculer A CONSEQUENCE OF:	- callage	1 day
ATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REIDISEASE OR CONDITION GIV	TIONS CONTLATED TO THE	TERMINAL	***************************************	20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED USES OF DEATH?
Ö	21A. ACCIDENT WAS UNDO OR CONTRIBUTING CAUS DEATH (notify medical exami	SE OF	21 & (home	PLACE OF INJURY (e.g., in , form, factory, street, aff	or about 21 C. WHERE DID		o City, give exact location)
MEDI	21D.TIME (Month) (Do OF INJURY (APPROX.)	y) (Yeor) (INJURY OCCURRED Not While At Work	21 F. HOW DID IN	JURY OCCUR?	
1	22. I certify that (I) (this that (I) (we) lost sow the	deceased	alive an	Thu 24	19 70 and t	19 70 ta 7 l	and 24 19 70
-	and haur and from the ca	uses stated	above. (1)	(We) (dld) (dld not) vl	ew the bady after death.	•	
	0 0	Dieg !	Bron	M.O Atten	Director L	Staff Phys.	1/24/70
	NAME (Typel	GREG	BROWN	M.D. DEGREE			DSPITAL
774	Burial 1	-27-70	S	acred Heart o	f Jesus	Baltimore, 1	y, town, or county) (State) Maryland
"IN	N 28 9 WEALTH	EPT E	B. NAME OF	HEGISTRAR DO	John J. Dude	7922 Wise A	ve. Dundalk, Md.



IMPORTANT

FUNERAL DIRECTOR:

T	BALTIMORE CITY	HEALTH DEPARTMENT	
/-653 70 0	OOAA	TE OF DEATH REG. NO.	70 00996
BIRTH NO.		III OI DEATH	
I.NAME OF DECEASED Nicholas	Triantafilos	2. DATE AND HOUR OF DEAT	Н
NICHOLAS	RIAN TAFILOS	1-23-70	1 300
3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	Line ditutions and described as A
		Ilve Sivir & Contait	
FULL NAME OF (IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	MARYLAND Baltimor	e ()
HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET		
14-X			NSIDE CITY LIMITS?
To	/a	BALTIMORE	YES NO X
	HOSP ITAL	E. STREET AND NUMBER	
Maryland General Ho	spital	7700 / 10/00/ 44	- a m 10
	*		VE 21214
SEX 6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years	If Under 1 Yr. If Under 24 Hrs.
Malle Walte		lost hithday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		2-14-92 77	
OA. USUAL OCCUPATION (Give kind of work 10 B one during most of working life, even if setired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	avern Owner		
	avern owner	GREECE	U.S.A.
FATHER'S NAME John Trianta	files		Chairman
oomi irianta	11102	*****	Giourgas
IDAN TRIANTA	FILDS .	An AICIA	
Way Decensed Ever in 11 C Ame J Face 2	12 / 20 00 00 00	17 INFORMANT TO B	
(es, no of unknown) (if yes, give wor at dotes of		17. INFORMANT Wife:	ADDRESS
Yes WW I	213-07-3969-	Mary F. Triantafilos 210	o Lincoin Ave.
19 4 4 4 4		WIFE - MARIA . E	salto Mich Eziziy
18. 410,9	CAUSE OF DEATI	1	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECT	ri. y		BETWEEN ONSET AND DEATH
LEADING TO DEATH		Day 1	7
(This daes not meen the made of dying	(A) IMMEDIATE CAU		ch men.
hearl follure, ashenia, etc. It means the	disansa	A CONSEQUENCE OF:	
injury at camplication which caused dec	th.J	0	1
	(at 1.1 in such	
ANTECEDENT CAUSES	(2)	cute hypocardial suffer	sum 2 dars.
DISEASES OR CONDITIONS, il any,	giving DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the obave cause (A) state	ing the		
UNDERLYING CONDITION last	(c)		1
	\\\		
z			
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING		
TO THE DEATH BUT NOT RELATED TO THE TE	RMINAL	***************************************	
194 DATE OF ORENATION 1100 CONTENT	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE	
WAS PERFORM	MED	NO IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
0		110	AUSES OF DEATH!
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., fr	or obout 21C. WHERE DID Iff in Balum	ore City, give exoct location)
DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., fr home, farm, foctory, street, aff	ice bldg. INJURY OCCUR?	or a city, give exect locotion)
The state of the s	etc.)		
21D-TIME (Month) (Doy) (Year) (He	out 21E INJURY OCCURRED	215 HOW 515 WHILE	
OL MARKI		21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not While At Work		
22. I certify that (1) (this hospital) att	ended the deceased from	1-22 19 10 to	1-23 1076
that (1) (we) last saw the deceased al		77/	19_/6
i control and the control and		- International Control of	Infan deoth occurred an the date
and have and from the couses stated o	bove. (1) (We) (did) (did not)	aw the hady after death	
23A. SIGNATURE	To the faid (aid libi) Vi	on the body offer death.	
	(A) (23 B. DATE SIGNED
(Indelate Class	Stophano Atten	ding Med. Staff	1 12 20
23 C. PHYSICIANE	DEGREE Phys.	Director L Phys. L4	1-23-70
23 C. PHYSICIANS NAME (Type)	2	3D. ADDRESS	
MALGOTIAND A TRA	ancia.	Landed and cont	Ad by as a second
MUGGGIM A. 100	DEGREE	MARGLAND GEN.	HOLFITAL.
A. SURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CREA	MATORY 24D. LOCATION (C	ity, town, or county) (State)
			(31016)
Burial 1-27-70	Oak Lawn	Baltimore,	Manueland
A. DATE REC'D BY HEALTH DEPT. 1258.		Der OTHOLA	mary and
	NAME DE REGISTRAR	125C FILMERAL DIRECTOR	1000000
THE YX TUNE YAKON E WEEK	NAME OF REGISTRAR	125C FILMERAL DIRECTOR	1555-155
AN 28 19/0 Jaban E. Vad	NAME DE BEGISTRAR	John J. Duda 7922 Wise A	1554-11

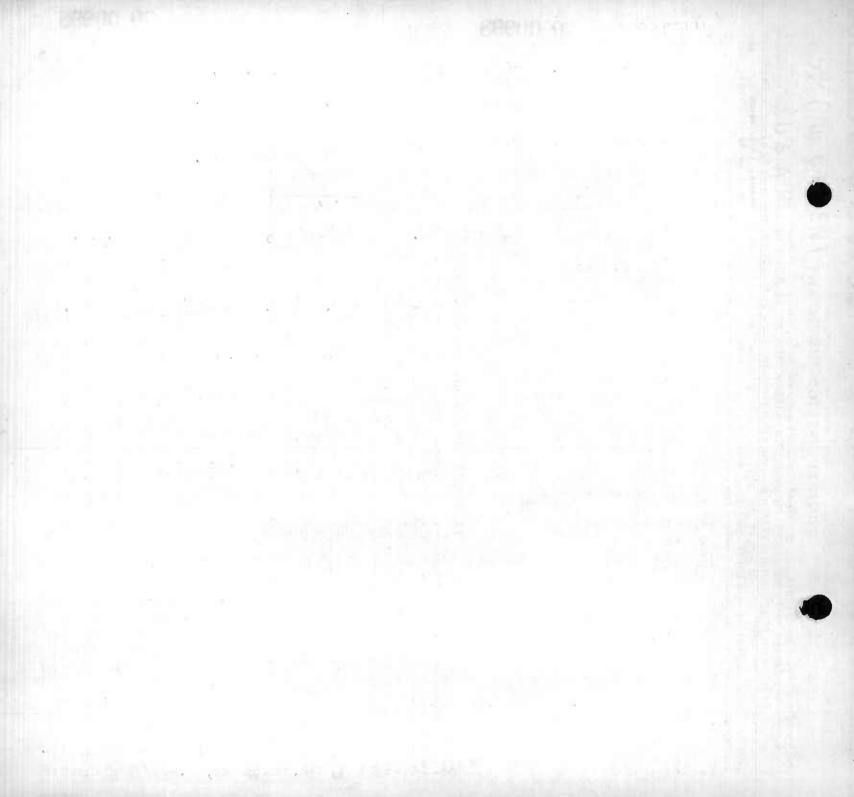


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70 111194	41	1994	DOM
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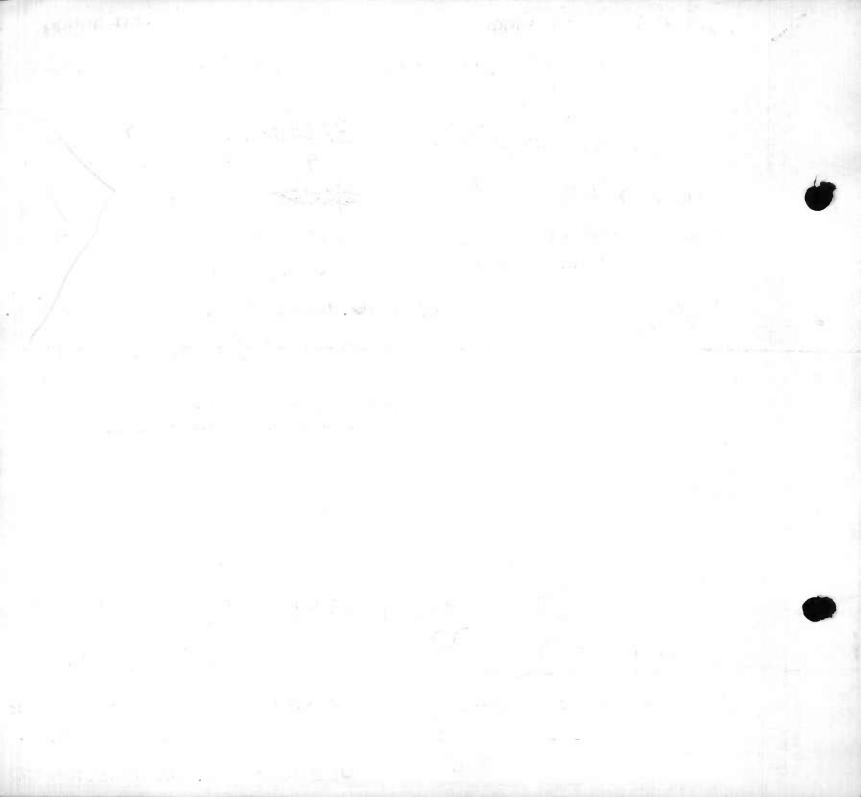
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO	70 00997
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day	Yeor Hour
GEORGE W. RAGLAND	OF DEATH Estimoted	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Day PRONOUNCED DEAD January 24,1	1970 7:10 A.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: A. STATE Many 1 and B. COUNTY	residence before admission)
ST. AGNES HOSPITAL	Maryrand	1101
6. SEX 7. RACE 8. MARRIED NEVER MARRIED White	C. CITY OR TOWN Baltimore D. INSIDE CIT	Y LIMITS?
WIDOWED DIVORCED	E, STREET AND NUMBER	NO D
August 23. 1910 Manths, Days, Haurs, Min.	909 N. Calvert Street	21202
11. BIRTHPLACE (State or foreign country) Virginia 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Henry Ragland	
14A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY		
Operator Service Station	Alice ?	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (If yes, give war or dotes of service) Yes WW 2		DRESS 21.202
19. CAUSE OF DEAT		. Calvert St.
DISEASE OR CONDITION DIRECTLY MODERATE	nulmonany thrombo-ombolism	BETWEEN ONSET AND DEATH
(A)IMMEDIATE C	pulmonary thrombo-embolism	
	S A CONSEQUENCE OF:	
ANTECEDENT CAUSES (A) Crani	to-cerebral Injuries	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	******
1 UNDERLING CONDIDON LAST		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Cirrhost	is of the liver	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	5 PERFORMED	21. AUTOPSY? (Yes ar Na)
		yes
UNDERLYING BOR CONTRIB. home, form, foctory, street, office	n or about 22C. WHERE DID (II in Baitimore City, give exact bldg., etc.)	location) 2047
	tation-Balto. and Hilton Stree	ts ·
OF INJURY	WHILE COLOR COLD AND AND AND AND AND AND AND AND AND AN	rk
	opsy 🗵 and that an this basis, death in my o	pinlan
resulted from: Natural causes Accident X Suicide	_	
ACTUAL X / 0 / W / IX	CHIEF MEDICAL EXAMINER	DATE CICNIED
SIGNATURE MUM M.D.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	/25/70
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY CREMOVAL (Specify)		
Burial 1/28/70 Baltimore N 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR		
JAN 28 1970 E. 258, NAME OF REGISTRAR	McCubly F/ 237 Patapace	Ave. 21225
VS 151-REV. 1/1/68		

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nA	A 4		BALTIMORE CITY	HEALTH DEPARTMENT		70 00000
11-49	20 70	00998	CERTIFICA	TE OF DEATH	REG. NO	70 00998
NAME OF	DECEASED			2. DATE	AND HOUR OF DEATH	Н
Type or Print)	Delmas A.	m://.		0.	25 1070	7 P
3. PLACE IN	BALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD		Whore deceased lived. If	institution: residence before odmission)
					DUNTY	12
FULL NAME	OF (IF NOT IN HOSP ADDRESS OR LOC	ITAL OR INSTITU	UTION, GIVE STREET		Baltimore (s	53.00
NSTITUTION				C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
1 An	derson Nursin	o Home		E. STREET AND NUMBE	:D	YES NO
10		9			sell Ave.	
5. SEX	6. RACE	7	77	8. DATE OF SIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Male	White		NEVER MARRIED	0	lost birthday)	Manths Doys Hours Min.
	OCCUPATION (Give kind of we	WIDOWED		Jan. 8, 1907	63	
lane during ma	ist of working life, even if retired)	8021ME22 OK INDOZIKI	III. BIKIMPLACE (Store or	tareign country)	12. CITIZEN OF WHAT COUNTRY?
Tim	e Keeper	Calve	rt Dist.	Toddsville,	Maryland	U.S.A.
3. FATHER'S				14. MOTHER'S MAIDEN	NAME	
20	hn O. Mills			?		?
5. Wos Dece	osed Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unki	nown) (If yes, give war ar da	les of service)	SECURITY NO.		M . 11 202 . 1	
Yes	W W 2		212-05-2258		Mills-2031	Russell Ave. 21207
18.	12.3		CAUSE OF DEAT	Н		BETWEEN ONSET AND DEATH
/ DI	SEASE OR CONDITION DEATH			12 /		· 5 days
(This do	es not mean the made		(A) IMMEDIATE CAL		pneumoni	n.
heart lail	ure, asthenia, etc. Il mear	is the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or	complication which cause		1+	. 0 1 -	+- 11 A	n 3
	ANTECEDENT CAUSE	S	(B) lister	no - School	in Heart of	usur. I gry.
	S OR CONDITIONS, il		DUE TO, OR AS	A CONSEQUENCE OF:	//	
	the above cause (A YING CONDITION last.	slaling the	(c) Pa	rhusons!	Deseuse	277.
	11		(4)	4 1		
O THER SI	GNIFICANT CONDITIONS C	ONTRIBUTING	ly .	1. Ot	-lelani	
TO THE	DEATH BUT NOT RELATED TO	THE TERMINAL	Jeneral	my artens	region	7
U 19A. DAT	OF OPERATION 198. CO	NDITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes o		E FINDINGS CONSIDERED
19A. DAT	WAS PE	RFORMED			IN CERTIFIENG C	AUSES OF DEATH?
21 A. ACC	IDENT WAS UNDERLYING	21B	PLACE OF INJURY (e.g., i	n ar about 21 C. WHERE DI	D (If in Boltime	are City, give exact location)
DEATH (notify medical examiner	etc.		nce biag., INJURT OCCUT	K?	
0 21 D. TIMI	E (Month) (Doy) (Yea	r) (Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJUS	RY		ite At Not Whil	e C		
(APPROX.		Wa				
22. I cer	tify that (I) (this hospit	al) attended ti	he deceased from	1/4 9.	1968 to JAI	NUARY 25 1970
that (I) (last saw the decea	sed alive an	JAN 24.	19 70 on	d that In (my) (and as	pinian death occurred an the date
and have	and from the causes st	ated abave. (I				
23A, SIGN			, (==, (==, (==, (==, (==, (==, (==, (=			23B, DATE SIGNED
	8.01.01		Atte	nding Med. Director	Staff Phys.	JAN. 27-1970
23 C. PHYS	ICIAN'S	meny.	M. TO GEGREE Phy	23D. ADDRESS	J Phys. └─	24M. 211110
NAM	AE (Type)			ADDRESS	1 00010	BOITIMADA ME
		mber	S M. D GEGREE	100 W. Cole	SPRINGLAI	ne BALTIMORE ME
	CREMATION, 24B. DATE	24C. N	AME of CEMETERY of CRE			City, tawn, ar county) (State)
Buri		70	Woodlaws	111		0 11:
	C'D SY HEALTH DEPT.	268. NAME C	Woodlawn DE REGISTRAR	25C. FUNERAL DIREC	ood lawn,	Daltimone ADDRESS
77N S	BE DE INETE	, value	730 0 n	O John V. Sta	Pabunu Sn -	Baltimore Md. 6411 Windsor Mill 8
/S 150-REV.	1/1/68	7		1 0 0 - 5 3 0 5 200	130003,570.	The majore river i



50	11 ,	BALTIMORE CITY HEALTH DEPARTMENT
DET OF	BI	70 00999 CERTIFICATE OF DEATH REG. NO. 70 00999
deat deat ease n th	1.	NAME OF DECEASED
of death Of death Deceased e on the ith. Such		LOUIS MILLER 1/21/70
e Do of	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where declased lived, if institution, residence before admirated
hosi ise (5) anc dec	FL	A. SIALE B. COUNTY
	II H	JUL NAME OF OF OSPITAL OR INSTITUTION, GIVE STREET OCITY OF ADDRESS OR LOCATIONI C. CITY OF TOWN D. INSIDE CITY LIMITS?
E 3 .		Tall HABTAN
·- D 0 4 0		E. STREET AND NUMBER
ed o	5	5908 CROSS COUNTRY BLVD.
occurre intribution regular ased p		MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthdoy) 4. Months: Doys Hours: Min.
ont ont reg reg is is	104	WISHAL OCCUPATION (Give kind of working WISHO OF SUFFICIENT OF SUFFICIEN
th n on		A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
0 O E W .=	17	reprietor Vetered Hadies Kendy War Baltimore, Md. 71.5 D
rect (4) U way	13.	FATHER'S NAME
		Chamam Males Fra Epstein
	15. (Ye	Was Deceased Ever in U. S. Armed Forces? \$ing or unknown) (If yos, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS April 10.
the the kir de nce fina		DIDUIL 215-01-7456 Mrs. Beatrice Miller, 5908 Cross Country Blvd.
5 4 500 L		CAUSE OF DEATH APPROXIMATE INTERVAL
den 4.0		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebrava (colors)
Als nou att		(This does not mean the mode of dying e.g. (A) MMEDIATE CAUSE
ner. actu pro lar		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE 10, OR AS A CONSEQUENCE OF:
fra o goll		ANTECEDENT CAUSES
A f Who		DISEASES OR CONDITIONS, if ony, giving DUE 10, OR AS A CONSEQUENCE OF:
ex (3) n v in s ar		inse to the above cause (A) stating the
Sy. (Sin		UNDERLYING CONDITION last. (C)
edical dical urns; /sicia was main	NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
m me m ph)	ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
0 0 0 v4	ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
chi Bo Bo th th re t	ERT	A GENERALO CAUSES OF DEATH?
the all by (2) (2) o ph	L C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, effice bldg., INJURY OCCUR?
7. E & Z Z P	Ü	DEALS hoursy medical examined
pt w pt w (6)	MED	21D.TIME (Month) (Doyl (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
0 4 0 - 1		(APPROX.) While At Work At Work
07 = 0 0		22. I certify that (I) (this hospital) ottended the deceased from 17 1970 to 1970
to to to to to to to to to to to to to t		that (1) (we) just saw the deceased alive on 1 2 1970 and that in(my) (our) pointon teath occurred on the date
		and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
deat deat deat must		238, DATE SIGNED
		eter aton forma Mil Attending Med. Stoff 21/70
was r An a L at c prior		NAME (Type) 23D. ADDRESS
certificate m body was relist. (1) An acci. D.O.A. at a l ased prior to		PETER PAPASTAMOU SINAI HOIPITAL BALTIMORIE
E	24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, fown, or county) (Stote)
bod Vs: Vs:		RUDIAL 1 1-73-70 KALLIMORE HEBREW L PERPUNIALISMANE OTEROTORM MI
This certithe body shows: (1) was D.O. deceased written a	25Ā	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR. 25C. FUNERAL DIRECTOR ADDRESS
**ログランド	J	I SOL EEVINSON & DRUS. 6010 REISTERSTOWN ROAD
	VS '	150-REV. 1/1/68



VS 150-REV. 1/1/6B

IMPORTANT

FUNERAL DIRECTOR:

70 04000	HEALTH DEPARTMENT 70 01000
L-260 70 01000 CERTIFICA	TE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print)	C. ax
ALVIN LESSER 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	FRIDAY, JANUARY 23, 1970 FOO A. M.
William Willia	A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?
	BALTIMORE YES X NO T
42 SINAI HOSPITAL	E. STREET AND NUMBER
5. SEX 6. RACE 7. MARRIED W. NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
MALE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	011117117 111
MERCHANT RETAIL	DANVILLE, VA. USA
	THE THAT I MAINE
SAMUEL LESSER	ETHEL ?
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
NO 126-18-9418	Mrs. Rhoda Lesser, 6728 Westbrook Road #15
18. // / CAUSE OF DEATI	
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	probable Acute Myrachus BETWEEN ONSET AND DEATH
(This does not mean the made of dying, e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF
heart laiture, asthenia, etc. It means the disease, injury or camplication which caused death.)	his extensive . By pertonoise
ANTECEDENT CAUSES	di CA + in
(B)	aiside (Hille MI May 1969)
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the above cause (A) stoting the	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
11 //2-1	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	eplained Anemia 2 years
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	CF
	20 A. AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	fice bldg., INJURY OCCUR?
0	
OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work Not While At Work	
22. I certify that (I) (this haspital) attended the deceased fram	1969 to Sanuary 1970.
that (1) (we) last saw the deceased alive an. 7 January	
and haur and fram the causes stated abave. (1) (We) (did) (did nat) v	
23A. SIGNATURE	23 B. DATE SIGNED
Centhan benein 1 Degree Phys	nding Med. Stoff Phys. 23 Jan 70
23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS
tootuuti amusaasii	VII DIDY LUTHUE
ABKAHAM GENECIN DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	(Slove)
BURIAL 1-25-70 BETH TIFILOH	WINDSOR MILL ROAD, MARYLAND 25C. FUNERAL DIRECTOR ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
JAN 28 19/1 Valores of 130000	SOL LEVINSON & BROS. 6010 REISTERSTOWN RD.

